

# **Community Systems Development Resource Toolkit:**

**Supporting Local Communities in  
Collaboration and Partnership Building**

May 2010

Dear Early Childhood Community Collaboration/Partnership:

Enclosed you will find a resource that we hope will be of value to you. It has been put together by the Community Systems Development Workgroup, a jointly-created group of the Infant Toddler Committee and Oversight and Coordination Committee of the Illinois Early Learning Council<sup>1</sup>, the Home Visiting Task Force and the Government Interagency Team of the Birth to Five Project<sup>2</sup>. The goal of the workgroup is to support community partnerships through areas of partnership building and local systems development with the goal of building and sustaining community level systems.

In building this resource, the members of the workgroup had to first come to a consensus around several points regarding community partnership work including a commitment to the breadth of partnerships, the multi-system model going beyond typically defined early childhood services and the community-driven nature of the collaborative partnership work. The workgroup acknowledges and embraces the variance across community-level partnerships and refers to these differences as partnerships being on a continuum, ranging from a more formal to an informal entity, depending on the intensity of their focus. Differences notwithstanding, these community partnerships all involve systems of interrelated parts working together toward a common goal of ensuring the healthy growth and optimal development of young children within the context of their families (Zero to Three Policy Center, 2006).

As part of the workgroup's goal to support local community partnerships in serving young children and their families across the state, the workgroup developed this toolkit to assist local community partnerships in their efforts. The purpose of the toolkit is to focus on not just existing partnerships in local communities, but also on communities that are interested in beginning the work of building a partnership structure. The Community Systems Development Resource Toolkit was created to provide a range of new and/or existing community partnerships in Illinois with a cadre of tools to develop and sustain their partnership.

We truly hope that this toolkit will be useful for you and your program and we welcome any feedback that you may have.

Sincerely,

Jeanna Capito  
Chair, Community Systems Development Workgroup

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<sup>1</sup> The Illinois Early Learning Council (ELC) is committed to ensuring that all Illinois children are safe, healthy, eager to learn and ready to succeed by the time they enter school. The Council's goal is to meet the early learning needs of children from birth to age five and their families by establishing a high-quality, accessible, and comprehensive statewide early learning system. The Council guides collaborative efforts to coordinate, improve and expand upon existing early childhood programs and services, including making use of existing reports, research, and planning efforts. The Home Visiting Task Force is a new committee of the Early Learning Council, whose vision is to move Illinois towards one coordinated high-quality Home Visiting system that reaches all at-risk children under three years of age.

<sup>2</sup> The Birth to Five Project is part of a multi-state Build Initiative, a national effort of the Early Childhood Funder's Collaborative to help states build coordinated early learning systems. Convened under the Project, the Government Interagency Team is a working team of senior-level representatives from city, state, and federal government agencies and divisions that engage in cross-agency joint planning of programs and services for expectant families and families with children under five.

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**I. Investing in Early Childhood Builds the Foundation for Lifelong Learning**

*Pediatricians and researchers have shown that “early childhood development is susceptible to environmental influences and that wise public investments in young children can increase the odds of favorable developmental outcomes.” --From Neurons to Neighborhoods*

Jack Shonkoff, M.D., of the Center on the Developing Child at Harvard University, and other child development experts explain how genes and experiences shape the architecture of a child’s developing brain: “the active ingredient is the ‘serve and return’ nature of children’s engagement in relationships with their parents and other caregivers in their family or community...both brain architecture and developing abilities are built ‘from the bottom up,’ with simple circuits and skills providing the scaffolding for more advanced circuits over time.” --The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do

The science is clear: children need responsive care and attention during their earliest weeks, months, and years to build cognitive, social, and emotional skills necessary for healthy growth and development.

**II. Investing in Early Childhood Helps Children Succeed**

Children living in poverty who have access to first-class preschool are more likely to graduate from high school, be employed, earn more, and commit fewer crimes as adults than those who did not.

What’s more, children living in poverty who have access to outstanding care, beginning in infancy and continuing until they reach kindergarten age, perform better on measures of cognitive, social, emotional, and language development than their peers who did not receive services.

The science is clear: children living in poverty who have access to high-quality care and education during their first five years are more likely to develop the skills necessary to succeed in school and in life.

**III. Investing in Early Childhood Produces Long-Term Economic Benefits**

World-renowned economists have demonstrated that when parents and caregivers provide enriching environments for our youngest learners, the benefits outweighs the cost.

Cost-benefit analysis conducted by Arthur Rolnick, Federal Reserve Bank of Minneapolis shows that for every \$1 invested in high-quality childhood programs, over \$7 are returned to society, with a 16% internal rate of return. The benefit returned to society comes in the form of reduced rates of crime, grade retention and special education placements, and increased rates of high school graduation and adult earnings. Or, as the Nobel Prize-winning economist at the University of Chicago, James Heckman, says, “the real question is how to use available funds wisely. The best evidence supports the policy prescription: invest in the very young.”

The science is clear: investments in at-risk children, during their earliest years of life, produce great economic returns for individuals and society.

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<sup>3</sup> Ounce of Prevention Fund Website, taken 1.16.09





## IN OUR OWN BACKYARDS:

### *Local Initiatives That Change Young Children's Lives*

#### ZERO TO THREE POLICY CENTER

[RETURN TO TOC](#)

Decades of research on infant–toddler development confirms that during the early years of life the brain undergoes dramatic growth, and children develop an array of important social, emotional, physical, and cognitive skills. The significant pace of development exceeds any subsequent stage of life (National Research Council & Institute of Medicine, 2000) and lays the foundation for a child's success in school and in life.

This foundational development can be sturdy or fragile and is influenced by many factors, including biology, relationships with parents and caregivers, and environmental influences such as poverty, community or family violence, and environmental toxins (Cohen, Onunaku, Clothier, & Poppe, 2005). Unfortunately, in too many communities, children cannot rely on a coherent system of supports to aid their development. Child care, health care, and other family supports and services are rarely coordinated and are too frequently determined by where families live, their level of income, and their community connections.

#### **Building Early Childhood Systems in Communities**

An early childhood system is made up of interrelated parts working

together toward a common goal: to ensure the healthy growth and optimal development of young children in the context of their families. The system must address good health, strong families, and positive early learning experiences. Essential elements of a system include quality standards, monitoring and evaluation, professional development, engagement and outreach, financing, governance, and cross-system collaboration. Building comprehensive service systems for young children requires new ways of doing business at the state and local levels.

Some progress is being made in creating comprehensive systems for young children with support from government entities, foundations, and nonprofit organizations. Some states have established local planning entities, and others have funded pilot projects in selected communities. The federal Early Learning Opportunities Act has supported local community efforts through a discretionary grant program. Some communities have taken the initiative to organize local planning or governance structures. The federal Maternal and Child Health Bureau's Early Childhood Comprehensive Systems grants, the National Infant & Toddler Child Care Initiative, the National Gover-

nors Association system grants, and the Build Initiative of the Early Childhood Funders' Collaborative are examples of national efforts assisting states in developing comprehensive systems for young children.

Early childhood policies often succeed or fail at the local level. At the community level, there is an opportunity to extend beyond traditional public services to include voluntary support systems for families. Local efforts often serve as laboratories for the state and national levels on what can and does work.

In addition to providing useful information for the state and national level, communities themselves have much to gain from learning about other efforts. Sharing the successes of exemplary models can lead to other communities adopting or adapting aspects rather than reinventing the wheel. Similarly, highlighting best practices can help these communities progressively increase their implementation of the program. Even stories of failed strategies or barriers to success can be instructive to those communities not as far along in planning and implementing early childhood systems. What is needed now is a comprehensive knowledge base that identifies models of community collaborations to





PHOTO: BARBARA YOUNG

improve services for young children, and that examines how to continue and spread their successes.

### **Learning From Communities Involved in Early Childhood System Building**

To fill this gap, ZERO TO THREE and Invest in Children of Cuyahoga County, Ohio, are organizing a national policy summit that will examine how communities are supporting early childhood development through the building of coordinated systems of services for children (prenatal through age 5) and their families. The summit, to be held in the late spring of 2007 in Cleveland, will examine the steps involved in developing early childhood systems (from making critical decisions to integrating lessons learned to exploring the potential for replication); highlight successful examples; and explore the connection with state and federal policies that can support or hinder these efforts. Summit participants will include members of community initiatives, elected officials from state and local govern-

ment, staff of state and local agencies, members of the advocacy and nonprofit communities, and key representatives of national organizations and the federal government.

A *Request for Information* was circulated in June 2006, which invited communities to submit examples of stakeholders working together (and with the state) to develop a comprehensive system of services and policies for young children. A total of 42 community initiatives in 27 states responded to the *Request for Information*. Preliminary analysis indicates that most community efforts are driven by state government, local government, or private foundations. Initial screening of the 42 initiatives submitted for review has identified at least three different categories of system building. One type of system building is local implementation of a policy initiative supported by state government or the private sector. The second category focuses on building public awareness and support for changes in policy and/or securing resources to address gaps in current services. The third emerging type includes strategies to reconfigure

the existing service system for young children by sharing administrative functions across multiple agencies and organizations and by engaging in collective planning and resource development.

Of the 42 initiatives reviewed thus far, 4 are implementing state-level policy initiatives, 20 are focused on addressing gaps and enhancements to the current system of services, and 12 appear to be working toward redesigning current services to be more seamless, efficient, and integrated. The remaining 6 submitted initiatives are self-contained programs or collections of programs under a single agency umbrella.

A compendium of community system-building efforts is being posted on ZERO TO THREE's Web site. In addition, exemplary models and promising practices will be highlighted during the 2007 summit. By identifying exemplary initiatives and framing discussion around their key issues, the policy summit will highlight how local efforts are collaborating to improve services for young children and will share key elements, challenges, and lessons learned.

### Advocating for Early Childhood Systems in Your Own Community

As an early childhood professional, you can work toward better coordinated systems of services for young children and their families within your own community and through state-level initiatives. It is important that we act on what we know about the positive outcomes for children, and bring together local programs, families, and interested community members to improve opportunities for infants, toddlers, and their families.

To play a role in your community's system building, we encourage you to do the following:

1. Educate yourself about what it means to build an early childhood system. Some good sources of information about early childhood system building are as follows:

State Early Childhood Technical Assistance Network  
[www.finebynine.org/index.html](http://www.finebynine.org/index.html)

The Center for Healthier Children and Communities  
[www.healthychild.ucla.edu](http://www.healthychild.ucla.edu)

Build Initiative  
[www.buildinitiative.org](http://www.buildinitiative.org)

2. Read about initiatives in other states and communities. *The Baby Monitor*, a biweekly electronic newsletter from ZERO TO THREE's Policy Network, highlights state activities in each issue. You can sign up to receive *The Baby Monitor* at <http://capwiz.com/zerotothree/mlm/signup>. You can also regularly visit the ZERO TO THREE Policy Center Web site ([www.zerotothree.org/policy](http://www.zerotothree.org/policy)) for profiles of community system-building initiatives.
3. Talk with state and local early childhood administrators and child advocacy organizations to find out what is happening in your community and state to build effective service systems and improve outcomes for young children.
4. Get involved! Join a local or statewide coalition working to improve services and policies for young children, or convene local organizations and other interested persons to discuss the possibilities.

ZERO TO THREE hopes to increase understanding of how communities are supporting early childhood development by building coordinated systems of services for young children and their families. By shining a light on exemplary models of early childhood system building in communities, we have an opportunity to ensure that local communities are not left behind as state and federal activities take hold.

### REFERENCES

- Cohen, J., Onunaku, N., Clothier, S., & Poppe, J. (2005). *Helping young children succeed: Strategies to promote early childhood social and emotional development*. Washington, DC: National Conference of State Legislatures and ZERO TO THREE.
- National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. J. P. Shonkoff & D. A. Phillips, (Eds.), Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

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The ***Early Childhood Community Partnerships Summit: From Networking to Building a Comprehensive System***, sponsored by the Ounce of Prevention Fund, was held on November 12<sup>th</sup>, 2008 at the Hilton Lisle/Naperville in Naperville, Illinois. This summit brought together representatives from community partnerships, who work to create communities that are responsive to the needs of families with young children, for a day of networking and learning.

To open the summit and define the breadth of early childhood collaborative community partnerships across Illinois, Jeanna Capito, Executive Director of Positive Parenting DuPage, and Joanne Kelly, State Early Childhood Comprehensive Systems Grant (SECCS) Coordinator for the Illinois Department of Human Services, gave a presentation entitled the Life Cycle of Community Partnerships. A summary of this presentation is provided below and will help lay the framework that many partnerships/collaborations may find useful in their ongoing work.

Also included in this section of the Toolkit is a single page handout, *Along a Continuum – Examples of How Collaborations Vary*, which was used to illustrate the content of this presentation (see Table 1).

### **I. What's in a name?**

Many terms have been used to describe efforts to bring individuals, members of communities, professionals, agencies and organizations together to address and solve existing and emerging problems that could not be solved by one group or system alone. While these terms (collaboration, coalition, network, partnership, infrastructure, etc.) may vary, the activities and strategies that are part of these efforts are often similar. For purposes of continuity in this introduction, we will be using the terms partnership and collaboration interchangeably to describe these efforts. Further, with the goal of considering this type of work along a continuum from informal to more formal structures, the goals of considering how we can support one another, create peer to peer learning and advance local structures through coordination across these entities, we ask that you not struggle with how the names differ. Instead, we ask that you focus on the similarities across the type of work your entity engages in as compared to your peers and focus on the strategic approach to community coordination, which is inherent to this work.

### **II. Geography and who's involved?**

How the partnership defines its geographic boundaries, whether it's by county, city, neighborhood, region, township or school district, will influence how services for families are divided and defined, as well as, which systems are involved in these services. In most instances, it is important for the geographic boundaries of the partnership to be natural to those living in the community and the systems that serve them. Geographic boundaries can be drawn based on predetermined guidelines, such as county lines and city or township limits. Or these boundaries can be guided more by individual factors of a community, for instance a group of suburbs to the north of a city defining their region, separate from the city itself or the county in which they are located. While it is important to be cognizant around geographic boundaries, it is even more important to be flexible and consider the need for refinement as necessary. An ongoing assessment of community need, a true understanding of how the community defines itself mentally and geographically, combined with real knowledge of how and where families access systems and services (whether in their community or not), is key to ensuring that the geographic boundaries are allowing the partnership to meet community needs.

For instance, families are often mobile and select services based on their needs rather than their location. In many service organizations and systems, they will serve a family outside of their 'local' office or region – hospitals and health care facilities are prime examples of this divergence, as is the Illinois Department of Healthcare and Family Services. Within any community, we must acknowledge that there will be families that are being served that do not live in the geographic area

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<sup>1</sup> Adapted from presentation Life Cycle of Community Partnerships by Jeanna Capito

and there will be families that do live in the geographic area that go outside it for services. When we consider how to coordinate systems within the work of a partnership, we must be playful in our approach to both these groups, inclusive and flexible in the creation and work of our partnership.

In addition, defining who is involved in the partnership can vary based on how the partnership narrowly or broadly defines its participants – is the partnership targeting parents, civic leaders, business leaders, community members, providers, groups or people from the public or private sectors? What type of participant is necessary to carry the work of the collaboration forward? How does the collaboration secure the commitment to participate from the necessary groups? For instance, we must bear in mind how very different the group dynamic will be for a committee of the collaboration which has definitive membership, who attend each meeting, versus a committee with revolving, drop in members. One cannot expect the same level of work to get done between meetings or expect follow up on assigned responsibilities of members in a committee setting where there is revolving membership, that can be expected when the committee has a set group of members committed to the tasks and work of the group.

### **III. Along a Continuum – How collaborations vary**

As the focus of this Toolkit is on early childhood services, we are aware that there is a common thread to convening our partnerships. Simply speaking, we convene our partnerships in order to work on behalf of children and families in our communities. How, what, why and who we are ‘convening’ are the variables that may look different from one partnership to another. It is these characteristics or variables of partnerships that can be plotted along a continuum to illustrate how partnerships may vary on the intensity of their focus. This range of intensity does not mean that one partnership or collaboration is better than another due to its place on the continuum. Instead the concept of considering this work along a continuum highlights how intrinsically tied to the unique community these entities are and should be. A community that hired someone to come to their region and graft a formal, highly-structured collaboration onto their community will most likely end up disillusioned and disappointed. This community will quickly find that the work of a formal, highly structured entity requires the commitment of the individuals and organizations at all their varied systems, they need to believe in it and own it for the collaboration to make a successful impact on the community. Not every community is at that place nor does every community necessitate the most formal structure.

As an example of this continuum, Table 1 plots the range of variables (purpose, structure, communication mechanisms, strategic planning, activities, results and evaluation) which define what phase the collaboration rests in, from informal to formal. Within each of these variables, as with each of the characteristics of the collaborations, there are many shades of gray. The continuum concept is not meant to have three points only: informal, mid-way between informal and formal, and formal. The continuum concept is meant to highlight how there are many variables and characteristics that make up the work of collaborations and not all characteristics of the collaboration need to be at the same point on the continuum. There may be areas where the work of an entity is very informal, such as in evaluation, but that is juxtaposed alongside the more formal characteristic of having paid staff. This entity falls along the continuum in a spot that is unique to them.

The continuum concept is further used to highlight how a partnership can move in and out of characteristics that define them as informal and formal based on variety of factors. For example, turnover in staff, or participants within the partnership, can greatly impact whether the work of community and system-wide engagement is being carried forward at the formal level it had been at previously. Another example of how a partnership can move around in their level of formality can be found when there is a new initiative within the community that requires focus and work; the community can use the existing partnership structure to work on this initiative and it may involve a fresh committee to be populated, with a single focus and networking and data-gathering as some of the first steps.

**Purpose** – Why do we convene?

Does the partnership have a shared vision and mission? In the case of more formal collaborative work, this shared vision and mission is agreed upon by all participants. Also, just as with any other child and family service program, the vision and mission has been written and is accessible to participants and the community as part of their understanding for why the partnership exists.

The continuum of purpose from informal to more formal work can be determined in part by whether there is a single purpose to the partnership, i.e. organized around just one issue, or if there are several purposes blended together with a variety of outcomes and results tracked as progress towards success. A partnership with a blended, multi-level purpose typically requires a more formal structure to maintain all the aspects of work necessary to carry out the purpose. If the purpose comes before the structure, which it often does, the community has an opportunity to really consider the level of formality required to successfully carry out their purpose and goals.

Additional factors in determining whether a partnership is formal or informal in its purpose include the focus of the work and whether it is short or long term in scope. A partnership organized around a single issue, with limited membership and narrow geographic focus, may find the goals and activities necessary to meet the needs of this issue can be accomplished in the short term. At such time that the partnership has achieved their work, they may find their purpose for partnering has changed or no longer exists thus changing the nature of their partnership.

A collaborative partnership can be gathered around what may seem a very narrow, singular issue, yet acknowledge that the many layers to working with children and families give a breadth to the work of collaboration. For example, Cuyahoga County, Ohio primarily organized a group of community stakeholders in order to meet the needs of a large population of single mothers receiving TANF who were now expected to find work outside the home (the Welfare to Work push). This shift in demand on their social service infrastructure in Cuyahoga County suddenly revealed a dearth of quality child care for these families to access. In looking at this example, one observes that Cuyahoga organized around a narrowly-defined population and singular purpose, yet the approach they took was systemic and far reaching. Cuyahoga created a system that focused on structural changes in their social service and early childhood communities that required a commitment to improving operations across all organizations working with children and families. While increasing quality of child care in the county remained a primary goal, Cuyahoga's strategic approach to this goal was to bring together all the systems that impact families and create long-term goals for community-wide, structural improvements.

**Structure** – There are several components of structure we need to consider.

**Type of Organization** – What is the organizational structure? Is it a separate non-for-profit or housed within another organization? While organizational structure is determined often by the purpose or why the entity was created, it also can determine aspects of how informal or formal the entity is.

**Staffing** – Is there dedicated staffing? The staffing for a collaborative partnership is one component of the structure. More formal entities usually have paid staff dedicated to carrying forward the shared mission and vision. The staffing and the type of organization that is created are largely determined by how the collaborative work has been funded. These factors rely not only on initial funding for the collaboration but also on the plan for ongoing funding: will this collaboration be seeking out grants to continue the work past the initial stage? If yes, the community needs to consider whether the structure of the collaboration will allow it the flexibility to seek out grants from foundations and government entities.

**Governance** – How is the collaboration governed? Are there various levels of input? A collaborative infrastructure may have a governing board, board committees, task forces or workgroups and ongoing community input. This multi-layered governance structure is a more formal approach to governing the collaborative, though it remains true that this may not be the right fit for all communities. For a more informal structure, the network or coalition that makes up the partnership



may be the only form of governance over the structure, which demonstrates a more singular level of governance.

The governance structure will directly impact the levels of community input into the partnership; in some communities one group governing the entity can result in only one voice, and one type of input, being heard and recognized. A multi-level governance structure allows for a variety of different levels of community input, though it will require more coordination and management, predicated on a more formal organizational structure. These different levels of community input in a multi-level structure can range from parents and families to corporate and business stakeholders to direct service staff and service organization managers. The key to success with this structure is ensuring that those various levels of input are maintained in a way that allows each level the type of contact with the partnership and input on the partnerships purpose, activities, and expectations that is appropriate and meaningful for the subset

**Resources** – What resources does the partnership have? Is there dedicated funding or in-kind donations (donation of space, time, etc.)? These resources can certainly be blended (volunteer time of community partners on task forces is in-kind). As mentioned above, resources, specifically funding, can determine the formality of the structure. Without funding resources, it can be difficult for a volunteer-only partnership to guarantee work and progress on a formal set of goals; all of the members within a volunteer-only partnership have other full-time commitments to their employing organization.

Regarding resources, it is important to remain realistic. Clearly, there is real value to a partnership made up of volunteers, without paid staff, working towards a common goal within their community. It is important to bear in mind the demands on these participants when considering what outcomes are expected of them. Set realistic goals for this work taking into consideration all aspects of structure, but particularly the resources around funding.

**Communication Mechanisms** - What are the main forms of communication? Communication has unique aspects that are often community specific; one must consider the existing mechanisms for successful, and not so successful, communication that exists within the community where this collaborative partnership is functioning. These questions may seem obvious but it is important to the ongoing success of the partnership to consider the following: why does communication typically occur in this community, what form does it take or how is the communication achieved, when does the community communicate (only in a dire situation? In response to funding or reporting requirements? School year only?) and among whom does the communication occur? Furthermore, communication is impacted by the structure of the collaborative. A collaborative with paid staff should use more formal structures of ongoing communication, such as monthly or quarterly emails or newsletters, a website that is a communication vehicle or board and committee reports made available broadly to partners.

While any collaborative work is the opportunity to open up new mechanisms of communication, the leaders and participants must first begin with a real understanding of what modes of communication already exist in this community. Finding strengths within the existing communication structure, building upon these and using these to build a sense of trust and commitment to the collaboration are just the beginning of the uses for good communication. The collaboration leaders and participants must also consider how they will keep the community informed about the collaboration. How will communication be used to ensure that the community has the right information about the collaborative work at the right time and knows how to act on their knowledge? A lack of communication, or a perceived lack of communication, can be one of the strongest detractors in collaborations. Partners will be left feeling confused, which can turn to concern and distrust, ultimately breaking the collaborative relationships that were forged.

**Strategic Planning** - Is there a strategic plan? Why complete a strategic planning process? While not all communities will have what is considered a formal strategic plan in place for the partnership work, there is a need for some assessment of need combined with a goal and strategies that will be

used in activities to meet the goal. What the strategic plan and the process to create and maintain it look like varies greatly based on the level of formality within the partnership.

- Formal – wide-range, community assessment. On the continuum of partnerships, a formal entity typically involves multi-level strategies with results and evaluation which are measured to determine whether the need is being met.
- Informal – to address a specific problem, narrow focus. An informal entity which exists for a singular purpose would naturally have a plan that is singular in focus. Inherent to this plan are activities or strategies to meet the identified purpose and goal that is the source of the convening. These singular plans may not have all the typical components of a large strategic planning process but they meet the needs of a more informal entity.

Both planning processes will help clarify goals and chart progress, which are the ultimate objectives of strategic planning. To serve the entity well, the plan should have life, reflect the entity it was designed for and be constantly evolving. Through an ongoing assessment of the content of the partnership's plan, its participants and leaders will not only be measuring the success of the partnership but determining where change is necessary to address unmet needs. For instance, understanding the current plan and how it is evolving may point toward the need for increased community participation in future planning. The planning process can be used as an opportunity to secure commitment from partners where this commitment was previously lacking. Partners, particularly those involved in more formal partnerships, must be involved in the determination around what the plan, including strategies, activities and measurement, is in order to commit their resources of staff and time to the shared vision. The planning process is a community investment and collaboration building activity, whether the output is a highly formal strategic plan or a singularly focused work plan.

**Activities** - What are the activities the partnership participates in? There are many activities that vary in the level of intensity and scope of impact on community. The activities that make up the work of the partnership naturally vary based on the level of formality for the entity. An entity with paid staff dedicated to the collaborative work should be able to carry out more involved activities around collaboration, such as hosting an annual conference based on assessed professional training needs. The goals or level of activity will also vary across the continuum from informal to formal. One example of these varied levels is demonstrated with advocacy work; an informal structure may rally around an issue as it directly impacts their membership. A child care network making calls and letters to legislators regarding the state child care subsidy program is advocacy work. An ongoing structure, such as a local chapter of Voices for Illinois Children, organized to coordinate across all issues affecting families of young children and advance a common agenda with legislators, is a formal activity focused on advocacy that can be maintained through a formal collaboration.

A few of the other activities that may exist within collaborations are: community resource coordination, professional development, public awareness and education, reduction in duplication of services, continuous quality improvement, community assessment, etc.

**Results** - What are the results your partnership is interested in?

- Keep intended results realistic in light of your Purpose, Structure, Communication, Strategic Plan, Activities
- Results look different across the phases of collaboration
- What you expect must be driven by what you built and will vary across the continuum

If the group has no intention of moving beyond the phase/stage they are currently in (which may be entirely appropriate) then we should not expect developmentally inappropriate outcomes. As professionals in early care and education, we must consider outcomes as we would for children; we want families and professionals to know and understand child development so that they will have appropriate developmental expectations of young children. We must have appropriate expectations of results for the collaborations we create, maintain, govern or participate in.



A grassroots child care networking body cannot and should not be expected to raise the overall level of parental knowledge or decrease indicators of child maltreatment or be a single point of entry for all parents needing resource support. But this child care networking body can be expected to offer professional development opportunities needed by the child care providers, raise awareness of quality child care and help families understand how to enroll in such services

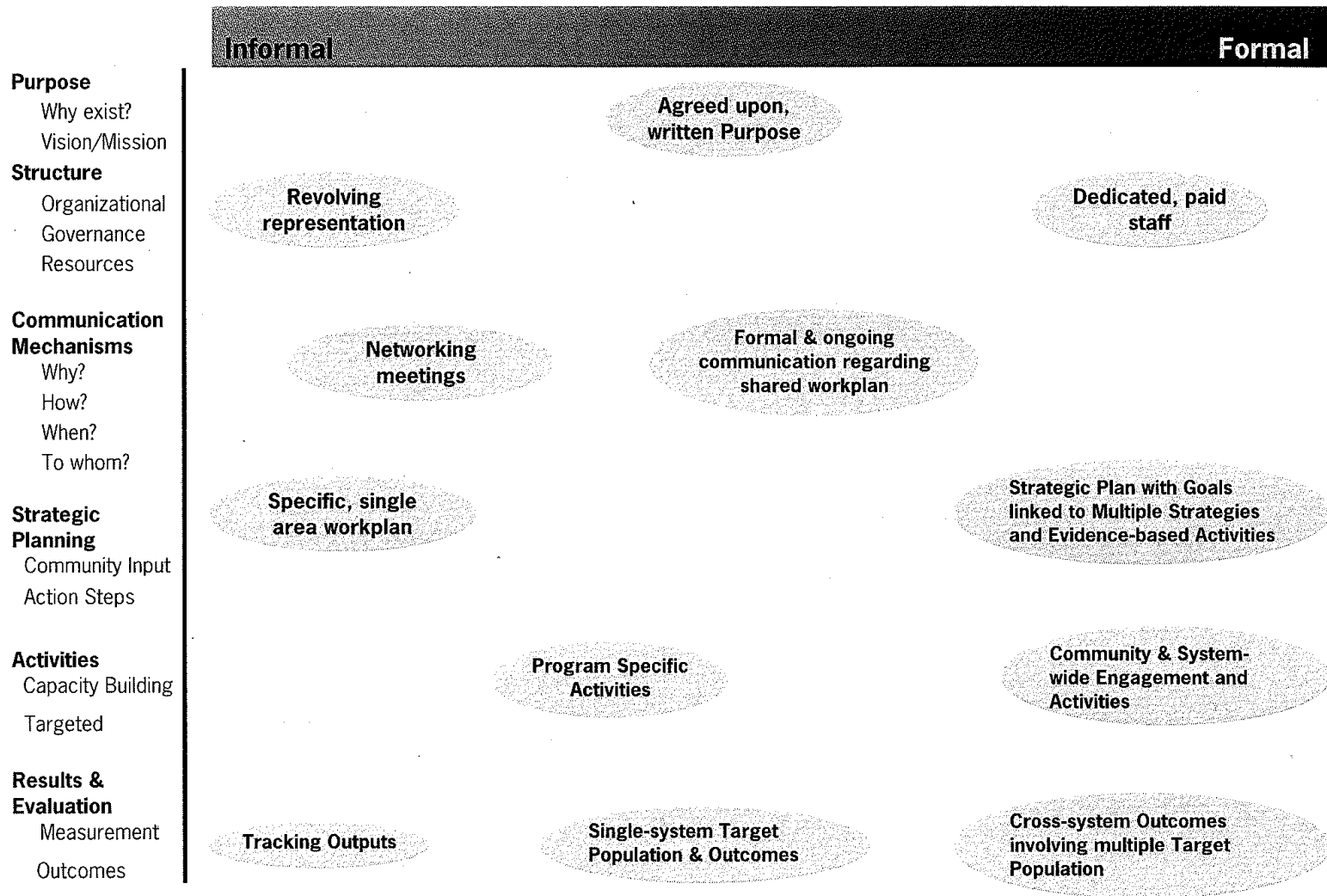
**Evaluation** - What type of evaluation does your partnership conduct? Where your partnership falls on the continuum can be determined by what and how you and your partners conduct evaluations.

What is the evaluation composed of, how is it carried out? Of course, the answer here is contingent upon funding and resources. As the outcomes of collaborative work can be highly intangible and constantly judged against the outcomes of direct services to children and families, we must be aware that one role of evaluation is to demonstrate the purpose and value of the collaboration.

- Evaluate the value added for providers/partners and for parents/families.  
For partners, this aspect of evaluation can be assessing how well is the collaboration carrying out the shared vision and mission and if the collaboration is changing the way systems work together for the better. This evaluation may focus on the effectiveness of services in the community based on the impact of the collaboration. For example, has there been a decrease in duplication, a decrease in costs of services, an increase in appropriate use of services and thus more families served?  
The type of activities carried out by the collaboration will determine what type of evaluation is done on families in the community. If coordinated parent education is part of the activities, then evaluation which looks at change in parental awareness, knowledge and behavior may be appropriate as part of evaluation of the collaboration.
- Intensity of evaluation varies across the continuum. One should find more formal evaluation within more formal partnership and collaborative entities. Regardless of the intensity of the evaluation, the structure of evaluation should be created so that the information gathered feeds back into the collaboration. This feedback should be ongoing, supporting strategies and activities and giving a clearer picture of the community.

**Table 1.**

## Along a Continuum Examples of How Collaborations Vary



## HOW TO USE THE TOOLKIT: DESCRIPTION

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This packet was designed to help collaboratives at every level on the continuum described in the *Life Cycle of Community Partnerships* in developing and sustaining their collaboration. A number of tools and resources, some specific to early childhood and others with more broad goals, were identified, compiled and, if applicable, adapted for this toolkit. While this is certainly not an exhaustive list, we believe these tools and resources are a good start.

In order to categorize these tools, we have chosen to use the *Stages of the Collaboration Process*, which was originally created by the Family Resource Coalition of America (FRCA). The stages, or rather sections as we reference them throughout this toolkit, have outlined a conceptual framework with some of the necessary tasks that collaborations or partnerships may find useful in their ongoing work. It is important to recognize that while some collaborations may find it helpful to use this tool in the current order, others may find it more useful to focus on specific sections in the toolkit or use only certain tools within sections. The goal of the toolkit is to provide a resource to support the varying types of community partnerships in their work.

### **Brief Summary on the Sections of the Collaborative Process**

#### [Section I: Setting and Resetting the Stage](#)

*Activities in this section are centered on identifying and/or reassessing members in addition to establishing and/or reviewing a process for collaboration.*

#### [Section II: Creating a Shared Vision](#)

*Activities in this section are focused on assessing the needs of the community and building a shared vision to meet those needs. Once the data has been gathered, analyzed and summarized, assessments can be used to build support in the community. Tools in this section will assist collaborations with how to conduct a strategic plan that is responsive to the community's needs.*

#### [Section III: Taking Action](#)

*This section will help collaborations put their strategic plan into practice. At this point, participating organizations must develop mechanisms to facilitate ongoing collaboration with other agencies without putting undue burdens on any one organization. This involves finding ways to share information and resources, finding sources of funding and support for collaborative activities, and involving the community in a meaningful way.*

#### [Section IV: Assessing Progress](#)

*Activities in this section will help collaborations in developing concrete next steps after a strategic plan has been implemented. Collaborators will evaluate goals and create opportunities for the community to provide input into the feedback process.*

This outline provides examples of two different types of partnerships and potential ways these partnerships could use the Toolkit to meet their needs. While the examples given below are not based on any actual partnership, they are meant to be an initial guide as you determine which tools will best serve your partnership's needs. Because each partnership will be different, the chosen tools will differ from one partnership to another and the individual tools may need to be further adapted to best fit your individual partnership needs.

**Profile A: Informal Rural Partnership**

- The group convenes for information exchange and networking, but wants to include a wider geographic area in its membership.
- There are few or no formal agreements in place between partners, and partners are not interested in creating them.
- The partnership has no paid staff, no designated office space, and responsibilities are shared among the group.
- Membership has been consistent for many years, but several influential leaders plan to retire at the same time and no succession has been planned yet.
- The partnership wants a higher profile in the community.
- Members are concerned that the partnership's goals are not clear enough.
- The partnership has some grant or public funding, but no formal braided funding structure.

Tools that may be helpful:

- *Identifying members for your collaborative* (p. 16)
  - Use this tool to brainstorm new partners that could contribute to your partnership.
- *Information to be shared by all collaborative members* (pp. 44-45)
  - These tools can help clarify each partner organization's and each collaborative member's goals for their participation in the partnership, so that partners' expectations are aligned.
- *Inventory of local resources to promote early childhood success* (pp.40-41)
  - If there is no other centralized source of information about early childhood programs in your community, this inventory may be useful to partners.
- *Community description worksheet* (pp. 43-44)
  - This tool can help identify areas of the population that are not represented in your partnership.
- *Tools for performing a SWOT analysis* (p. 78)
  - These questions can help you analyze your partnership's effectiveness without formal designation of responsibilities
- *Keeping fit in collaborative work* (pp. 86-89)
  - This brief assessment examines how well the collaborative is meeting the goals of its members and its community.

**Profile B: Established Formal Suburban Partnership**

- The partnership has a formal structure, with established policies and/or bylaws.
- The partnership wants more parents and community members involved in its work, as well as local community health providers.
- The partnership's goals include building an early childhood infrastructure and require an evaluation plan to assess their progress.
- There is a small, full-time paid staff.
- Funding streams are established and include mostly private funding; the partnership wants to apply for more public grants.
- The partnership is convened by a state agency.

Tools that may be helpful:

- *Developing a plan for building leadership* (p. 24)
  - This checklist provides guidance in how to build leadership skills among partners and members of the community.
- *Establishing or reviewing a decision-making process* (p. 26)
  - If your partnership has not yet agreed upon how decisions will be made, this tool can help you draft procedures to address situations where partners disagree.
- *Spreading the word: 40+ ways to reach people* (pp. 33-37)
  - This list provides creative ideas to inform the public about your partnership's work.
- *Is a community assessment needed?* (p. 39)
  - This questionnaire can help you decide when is the best time to invest in a community assessment.
- *Programming inventory* (p. 42)
  - This tool can be a first step toward creating a resource map among partner organizations.
- *Action plan worksheet* (p. 49)
  - While you plan an evaluation of your partnership, this tool gives examples of how to choose outcome measures.
- *Sample MOUs* (pp. 64-69)
  - These documents from Positive Parenting DuPage show effective written agreements with local Health and Human Services departments.
- *A collaborative budget* (p. 71)
  - This table can be used to determine what resources (financial, work-hours or in-kind donations) your collaborative has at its disposal.
- *What donors want from you* (pp. 74-75)
  - This tool will guide you in marketing to potential donors and grant-writing for public and private funds.
- *Evaluation report outline* (pp. 102-104)
  - This outline details the information you should include in a formal written evaluation of your partnership.

## SECTION I: SETTING AND RESETTING THE STAGE

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A community collaborative first begins when a small group of people realize a need to work with others to achieve common goals in a community. In some cases, an agency or community resident decides to establish a collaborative. Other times, state or funder requirements compel agencies or communities to participate in collaborative efforts. In either case, participating in a collaborative requires the recognition that there is work to be done that cannot be accomplished by a single individual or organization, and that others in the community have a stake in the process and outcomes and have something valuable to contribute. The leadership team should reflect the community in which your organization serves or works and should be committed to the goals of your organization.

Activities centered on finding the right people to participate in the effort and establishing a process for working together are both critical steps in planning your collaboration. As a result, collaboratives must explore how the partnership defines their membership and who needs to be at the table to participate. As mentioned in the **Geography and Who's Involved** section of the *Life Cycle of the Community Partnership* (p.11), there are a number of variables to consider in this effort. The following is a list of potential tasks for this section. Each task will be further defined, followed by available tools.

- A. Identify Members**
- B. Commit to Work Together**
- C. Set Ground Rules**
- D. Establish a Decision-Making Process**

## **A. Identify Members**

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Finding similarly committed members is integral in building a successful collaboration, as well as in strengthening an existing collaborative. Consider diverse cultures and interests in the community when selecting members, and be careful when choosing who will not be included. The following is a list of potential tools to consider when identifying members for your partnership.

Tools included in this section:

- SELF-ASSESSMENT/SELF-IDENTIFICATION TOOL: PRE-PARTNERSHIP ORGANIZATIONAL ASSESSMENT
- IDENTIFYING MEMBERS FOR YOUR COLLABORATION
- TEAM SKILLS PROFILE
- PRIORITIZING POTENTIAL PARTNERS BASED ON PARTNERSHIP GOALS



**SELF-ASSESSMENT/SELF-IDENTIFICATION TOOL**  
**PRE-PARTNERSHIP ORGANIZATIONAL ASSESSMENT<sup>1</sup>**  
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Whether you are beginning or continuing a partnership, understanding the strengths, goals, and areas for growth within your own organization is crucial. This tool is designed to be most useful at the beginning of a partnership, while a similar tool designed for the evaluation of continuing partnerships will be found in Section IV of this toolkit. Use this tool to facilitate a dialogue among partners. Each member of the partnership should complete the questions individually, then share their responses with the other members of the partnership as a group. The partners should use this sharing process as an opportunity to identify priority areas for improving the functioning of the partnership.

Question	Yes	No	Don't Know
Does your mission, culture, and priorities encourage, support, and recognize the value of partnerships?			
Do you have the communication skills necessary to begin a partnership?			
Do you have the communication skills necessary to sustain a partnership after the initial work?			
Do you have the cultural competence or cultural humility necessary to begin a partnership?			
Do you have the cultural competence or cultural humility necessary to sustain a partnership after the initial work?			
Do you have the ability to share power and control over decisions necessary to begin a partnership?			
Do you have the ability to share power and control over decisions necessary to sustain a partnership after the initial work?			
Do you have the group facilitation and interpersonal skills necessary to begin a partnership?			
Do you have the group facilitation and interpersonal skills necessary to sustain a partnership after the initial work?			
Does your organization value working with other organizations and groups?			
Do you have the support of your board, management, and staff for partnering?			
Do you have someone who can represent the organization in the process of identifying and entering into a partnership?			
Is your organization prepared to devote the resources necessary			

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<sup>1</sup> Adapted from “The Partnership Toolkit: Tools for Building and Sustaining Partnerships” and “Making Community Partnerships Work: A Toolkit,” p7, 2007.

for the partnership (time of staff and volunteers, money, space, and equipment, etc.)?			
Do you have a previous history working with the community?			
Do you have existing relationships within the community?			
Do you have any knowledge about the community (for example, culture, norms, politics, socio-demographic characteristics)?			
What are the potential benefits of a community partnership for your organization? _____ _____ _____			
What are the potential benefits of the partnership to the community? _____ _____ _____			
Other concerns or topics that arose in your group: _____ _____ _____ _____			

**STRATEGIES FOR COLLABORATIVES:  
IDENTIFYING MEMBERS FOR YOUR COLLABORATIVE<sup>1</sup>**  
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1. Write in the categories of members you will need in your collaborative (some example categories have been included). Please use the additional lines provided to brainstorm other organizations to consider.
2. Brainstorm contact names that fit each category.
3. Take volunteers to contact each possible member and set a date to help the volunteer be accountable for the task.<sup>2</sup>

Category	Name	Who will contact them?	By when?
School Districts			
Preschool for All			
Child & Family Connections (CFC)			
Local Resource & Referral (R&R)			
Head Start (HS)			
Early Head Start (EHS): home-based			
Early Head Start (EHS): center-based			
Prevention Initiative (PI)			
WIC - The Special Supplemental Nutrition Program for Women, Infants, and Children			
Family Case Management (FCM)			
Child Welfare Programming			
Early Intervention (EI)			
Home Visiting			
<ul style="list-style-type: none"> <li>• Healthy Families Initiative (HFI)</li> </ul>			
<ul style="list-style-type: none"> <li>• Parents Too Soon (PTS)</li> </ul>			
<ul style="list-style-type: none"> <li>• Joint Program (HFI &amp; PTS)</li> </ul>			

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<sup>1</sup> Adapted from “Building Collaboratives,” Family Resource Coalition of America, p. 7.

<ul style="list-style-type: none"> <li>Other (please specify):</li> </ul>			
ISBE 0 – 3 programs, home-based			
ISBE 0 – 3 programs, center-based			
Licensed Child Care Centers			
License-Exempt Child Care Centers			
Licensed Family Child Care Homes			
Family Resource Centers			
Parenting Classes			
Family Literacy Programs			
Birthing Hospitals			
Social Services (e.g., counseling, transitional housing, food pantries, neighborhood resource centers, basic needs services)			
Health Entities (FQHCs, local health department, community health centers, pediatric practices)			
Faith-Based Services			

## TEAM SKILLS PROFILE: AREAS OF EXPERTISE AND SPHERES OF INFLUENCE<sup>1</sup>

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Name:

Organization:

Planning Team Position:

Each member of the community planning team has unique areas of expertise—both personally and within your organization, agency or constituency – that can contribute to the successful implementation of community planning. Distribute to all members of the partnership to assess the skills they and their organization offer. Collect and review completed forms to understand each member’s strengths. This may be especially useful for information exchanges or for partners seeking technical assistance from one another.

Expertise/Skill	You	Your organization
Administration	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/marketing	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing/evaluating data	<input type="checkbox"/>	<input type="checkbox"/>
Board development	<input type="checkbox"/>	<input type="checkbox"/>
Building collaborative relationships	<input type="checkbox"/>	<input type="checkbox"/>
Community outreach and engagement	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competence/appropriateness	<input type="checkbox"/>	<input type="checkbox"/>
Data collection/analysis	<input type="checkbox"/>	<input type="checkbox"/>
Database/graphing (MIS/GIS)	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal management/budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Grant writing/fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Group facilitation	<input type="checkbox"/>	<input type="checkbox"/>
Implementation/follow-up	<input type="checkbox"/>	<input type="checkbox"/>
Interviewing/surveying	<input type="checkbox"/>	<input type="checkbox"/>
Legislation/advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Media relations/media strategies	<input type="checkbox"/>	<input type="checkbox"/>

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<sup>1</sup> Adapted from Flores, J.R. (2003), Targeted Community Action Planning Toolkit, p. A-3.

Mediation/negotiation	<input type="checkbox"/>	<input type="checkbox"/>
Policy analysis	<input type="checkbox"/>	<input type="checkbox"/>
Presentations/speaking	<input type="checkbox"/>	<input type="checkbox"/>
Prevention strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>
Public relations	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
Systems reform/restructuring	<input type="checkbox"/>	<input type="checkbox"/>
Teaching/training/orientation	<input type="checkbox"/>	<input type="checkbox"/>
Translation	<input type="checkbox"/>	<input type="checkbox"/>
Word processing	<input type="checkbox"/>	<input type="checkbox"/>
Working with city/county/state government	<input type="checkbox"/>	<input type="checkbox"/>

## PRIORITIZING POTENTIAL PARTNERS BASED ON PARTNERSHIP GOALS<sup>1</sup>

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An organization's goals will change over time, as will the utility of potential partners. This tool will help your partnership prioritize what potential partners to engage, based on your partnership's goal(s). First, describe the goal(s) of your partnership. Write each individual goal below before proceeding, noting that some partners will be more relevant to fulfilling one goal rather than others. Once you have specified a goal, list all of the possible collaborators that you want to engage. In the next column, decide which you think is the most relevant to fulfilling the goal and put a one (1) beside it. Assign the second most relevant a two (2), and so on, until you have rated all of your potential partners. Do the same in the next column, with one (1) being the source that will be easiest for you to find and recruit. Finally, in the last column, add up the numbers you have listed in each row. You may want to start with the agency which has the lowest value (lowest rating order) followed by the agency with the second lowest value and so on.

*Please note:* Depending on where you are on the continuum and as your goals evolve within your partnership, these ratings may change over time.

**Goal:** \_\_\_\_\_

Below is one examples of how to do this with potential early childhood program partners.

List Potential Partners	Rate the Relevance of Partner to Fulfill Goal		Rate the Ease of Finding and Recruiting Partner		Final Value
School Districts	4	+	1	=	5
Preschool for All	6	+	6	=	12
Child & Family Connections (CFC)	1	+	2	=	3
Local Resource & Referral (R&R)	2	+	3	=	5
Head Start (HS)	3	+	5	=	8
Early Head Start (EHS): home-based	5	+	4	=	9
Early Head Start (EHS): center-based					
Prevention Initiative (PI)		+		=	
WIC		+		=	

<sup>1</sup> Adapted from the Community Toolbox, University of Kansas, <http://ctb.ku.edu>.



Family Case Management (FCM)		+		=	
Child Welfare Programming		+		=	
Early Intervention (EI)		+		=	
Home Visiting		+		=	
<ul style="list-style-type: none"> <li>• Healthy Families Initiative (HFI)</li> </ul>		+		=	
<ul style="list-style-type: none"> <li>• Parents Too Soon (PTS)</li> </ul>		+		=	
<ul style="list-style-type: none"> <li>• Joint Program (HFI &amp; PTS)</li> </ul>		+		=	
<ul style="list-style-type: none"> <li>• Other (please specify):</li> </ul>		+		=	
ISBE 0-3 Programs, home-based		+		=	
ISBE 0-3 Programs, center-based					
Licensed Child Care Centers		+		=	
License-Exempt Child Care Centers		+		=	
Licensed Family Child Care Homes		+		=	
Family Resource Centers		+		=	
Parenting Classes		+		=	
Family Literacy Programs		+		=	

Birthing Hospitals		+		=	
Social Services (e.g., counseling, transitional housing, food pantries, neighborhood resource centers, basic needs services)		+		=	
Health Entities (FQHCs, local health department, community health centers, pediatric practices)		+		=	
Faith-Based Services		+		=	
Others:		+		=	
		+		=	
		+		=	

## **B. Commit to Work Together**

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Members need to agree on the mission of the collaboration and what will be expected of them as participants. Managing members' expectations at this stage can reduce conflict later. Take this opportunity to address potential barriers, challenges and concerns as directly as possible. Members should also ask themselves whether membership is in their best interest and whether they can effectively participate with the resources they currently have. These tools are meant to provide guidance in evaluating potential members and building a shared mission.

Tools included in this section:

- A RESOURCE BALANCE SHEET FOR COMMITMENT
- SAMPLE COMMITMENT FORM

## STRATEGIES FOR COLLABORATIVES: A RESOURCE BALANCE SHEET FOR COMMITMENT<sup>1</sup>

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1. Pass out one copy of this sheet to each collaborative member.
2. Together, decide what resources the collaborative will need to get started and fill out the “What is needed?” column.
3. Each collaborative member fills out the “What can we give?” column, keeping the total goals in mind.
4. Copy and distribute each member’s Resource Balance Sheet to the other members.

Resources			
Resource	What do we have (total)?	What is needed?	What can we give?
Money			
Work hours			
Know-how			
In-kind			
Other			

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<sup>1</sup> Adapted from “Building Community Collaboratives,” Family Resources Coalition of America, p. 9

## **SAMPLE COMMITMENT FORM<sup>1</sup>**

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Use this form to allow partners to clearly define their role in the partnership and the resources they are committing to the partnership.

Name of Organization
Name and contact information of individual assigned to partnership:
As an organization, we are committed to this partnership because:
We will play the following role in this partnership:
We will devote the following resources to this partnership:
We have these policies in place that will support our involvement in this partnership:

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<sup>1</sup> Adapted from: "YPI's School/Community Partnership Toolkit," <http://www.ypiusa.org/Toolkit/Content/index.html>

### **C. Set Ground Rules**

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Now that members have discussed expectations, this step creates a concrete framework for how members will participate in the collaboration. This includes resource allocation, how members will be represented within the collaboration, how to make staffing decisions, who will represent the collaborative externally, and what the leadership will look like. These tools provide suggestions of areas that could be included in the ground rules of a collaboration.

Tools included in this section:

- SETTING GROUND RULES
- DEVELOPING A PLAN FOR BUILDING LEADERSHIP

## STRATEGIES FOR COLLABORATION: SETTING GROUND RULES<sup>1</sup>

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Fill in the blanks...

### Scheduling meetings:

Our collaborative will meet at

every  weeks.

To fit people's schedules, we will try to

always meet at  o'clock.

### Troubleshooting... the importance of ground rules:

One challenge for collaboratives working with government officials is to maintain decision-making power outside the political arena. If not, political pressures may force decisions that are not the best for the collaborative. Ground rules should be set that carefully define any supportive politician's place in a collaborative's power structure.

### Organizing meetings:

Choose one method.

Members will switch off organizing, facilitating, being the secretary, and setting the agenda for meetings by the following schedule:

Because certain members are very good at taking certain roles, the following members will take the following positions until further notice:

Organizing:

Facilitating:

Secretary:

Setting the Agenda:

### Power and Decision-making:

Draw the organizational structure of the collaborative, so that it is clear how power and resources will be shared.

Dialogue:

<sup>1</sup> Adapted from "Building Community Collaboratives", Family Resource Coalition of America, pp. 13-14.



To ensure that the dialogue at meetings is orderly,  
\_\_\_\_\_ will \_\_\_\_\_.  
\_\_\_\_\_.

To ensure that each member has a chance to speak,  
\_\_\_\_\_ will \_\_\_\_\_.  
\_\_\_\_\_.

To ensure that decision-making occurs in the group  
and not behind the scenes, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If conflict arises, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Accountability:**

If a member misses \_\_\_\_\_ meetings, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If a member does not fulfill their responsibilities to  
the group, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Troubleshooting...  
the importance of ground rules:**

In one collaborative, members admitted to each other that, although meeting are necessary, they often get long, boring and unproductive. To avoid these problems they decided on the following strategies:

- Each meeting will be held at a different member's workplace. Whoever is hosting the meeting begins with a tour of the space to help the other members understand a bit more about their day-to-day operations.
- They identified a small group of experienced facilitators who would trade off the responsibilities of running each meeting, keeping energy high and keeping discussions on topic.
- Each member was assigned a partner. Members made sure that their partners understood any jargon being used, helped them voice their concerns and filled them in on any meetings they had missed.

**Compensation:**

Please circle all that apply.

*childcare*

*transportation*

Each member may take advantage of *payment for time spent* for each meeting attended.

other: \_\_\_\_\_

## DEVELOPING A PLAN FOR BUILDING LEADERSHIP<sup>1</sup>

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Leadership can be developed in many different capacities in the context of a collaboration. Each member of the collaboration can grow from sharing leadership strategies with other partners. Your partners may be interested in developing leadership among the families they serve in the community. Additionally, the partnership needs leaders within its ranks, to ensure continuity of the collaboration and reasonable division of responsibilities among the group. In developing a plan for building leadership, your partnership can set long-term goals for developing leadership skills within all participants.

The following is a brief list of potential activities to help your partnership plan trainings and other activities with the goal of building leadership in your collaboration.

- ☐ Identify the number and types of leaders needed for your team
- ☐ Identify desired skills
- ☐ Identify the strengths of your group
- ☐ Identify the difficulties of your group
- ☐ Identify areas where your group as a whole can use leadership training
- ☐ Identify the added skills that will move your organization ahead most quickly
- ☐ Identify skills that are not already present in your organization
- ☐ Identify individuals ready to learn the needed leadership skills
- ☐ Choose the appropriate leadership development method for each goal
- ☐ Decide who will be responsible for training
- ☐ Determine how long it will take to achieve each leadership development goal
- ☐ Chose a date by which each goal will be accomplished

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<sup>1</sup> Adapted from: the Community Tool Box, University of Kansas, <http://ctb.ku.edu>.

#### **D. Establish or Review a Decision-Making Process**

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Developing a consensus can be difficult, especially in more diverse collaborations. Members need to agree how decisions will be made.

- **The first tool** in this section will help you determine what type of decision-making process best fits your partnership. Taking a vote will require enough discussion to ensure that all members have the same information before making a decision. Task forces or subcommittees can be delegated responsibilities for certain issues, but they must have concrete guidance from the whole as to their responsibilities. Some issues may be important enough to the group to warrant consensus decisions; to build a consensus members need to be able to freely communicate their opinions and reactions in a constructive way.
- **The second tool** in this section highlights relevant questions in building a decision-making process that will best utilize members' strengths.
- **Tools three through six** in this section offer examples of bylaws from various types of partnerships. Reviewing these examples may help guide your bylaw-creation process.
- Finally, **the last tool** in this section offers an example of partnership operating procedures.

Tools included in this section:

- TYPES OF PARTNERSHIPS: CONTINUUM OF COORDINATION
- ESTABLISHING OR REVIEWING A DECISION-MAKING PROCESS
- BYLAWS OF POSITIVE PARENTING DUPAGE
- BYLAWS OF DUPAGE HEALTH COALITION
- BYLAWS OF THE COLLABORATION FOR EARLY CHILDHOOD CARE AND EDUCATION
- DUPAGE CHILD ABUSE PREVENTION COALITION: OPERATING PROCEDURES

## TYPES OF PARTNERSHIPS: CONTINUUM OF COORDINATION<sup>1</sup>

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Building on the presentation of the *Life Cycle of the Community Partnership*, discussed at the beginning of this toolkit, the following chart is another example of a continuum model where partnerships may fall depending on the role each partner takes within the collaborative. One of the key questions in determining where your partnership would sit on this model is “what do you want to achieve by the partnership?” As partnerships move along this continuum, some become more integrated as partners get to know each other better and the level of trust increases, while others may prefer a more autonomous relationship, using the partnership in a more informative way. A key characteristic that differs as you move along this continuum is the degree of decision-making authority each partner retains or is willing to give up. These three models are another way to think about the structure of your partnership.



Examples of Three Partnership Models		
Cooperative Model	Collaborative Model	Integrated Model
Each partner: <ul style="list-style-type: none"> <li>• maintains its own decision-making responsibility</li> <li>• remains autonomous</li> <li>• retains own identity</li> <li>• has own staff &amp; budget</li> <li>• has full responsibility for its actions</li> </ul>	Each partner: <ul style="list-style-type: none"> <li>• shares decision-making responsibility &amp; authority</li> <li>• has particular roles and responsibilities</li> <li>• is accountable to the other</li> <li>• contributes resources</li> <li>• surrenders some measure of its autonomy</li> </ul>	Each partner: <ul style="list-style-type: none"> <li>• transfers decision-making authority to a new structure/new entity</li> <li>• integrate resources with other partners</li> <li>• administers according to common policies and procedures</li> <li>• surrenders a considerable amount of its autonomy</li> </ul>
<b>Decision Making</b> <ul style="list-style-type: none"> <li>• by consensus</li> <li>• agreement not necessary in all cases</li> </ul>	<b>Decision Making</b> <ul style="list-style-type: none"> <li>• by consensus</li> <li>• agreement necessary</li> </ul>	<b>Decision Making</b> <ul style="list-style-type: none"> <li>• by vote if necessary</li> <li>• agreement necessary</li> </ul>

<sup>1</sup> Adapted from: “The Partnership Toolkit: Tools for Building and Sustaining Partnerships”

## ESTABLISHING OR REVIEWING A DECISION-MAKING PROCESS<sup>1</sup>

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1. At a meeting of your collaborative, brainstorm a list of the kinds of decisions that will need to be made (e.g. budget decisions, hiring decisions, strategic planning decisions, discussions monitoring the collaborative process, etc.).
2. For each kind of decision, use the questions below to help guide your answers to determine what type of decision-making process is most appropriate for your partnership:
  - What are the politics of the decision?
  - What groups must be represented in the decision-making body?
  - Who understands the issue best?
  - How important is this issue?
3. Place each kind of decision in one of the following columns, according to your discussion.

Majority Vote	Unanimous Vote	Task Force/ Subcommittee	Consensus

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<sup>1</sup> From “Building Community Collaboratives,” Family Resource Coalition of America, p. 16

**SAMPLE: BYLAWS OF  
POSITIVE PARENTING DUPAGE**  
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**Effective August 3, 2005  
As amended August 18, 2006**

**ARTICLE I**  
**Name and Purpose**

**Section 1 – Name:** The name of the organization shall be Positive Parenting DuPage. It shall be a nonprofit organization incorporated under the laws of the State of Illinois.

**Section 2 – Purpose:** The purpose of Positive Parenting DuPage (hereinafter referred to as the “Corporation”) is to increase effective parenting behavior within DuPage County, to increase the health and well-being of children from birth to three and to decrease the incidence of child maltreatment.

Positive Parenting DuPage is organized exclusively for educational and charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1954.

**ARTICLE II**  
**Members**

**Section 1 – Members:** Membership shall consist of the board of directors.

**ARTICLE III**  
**Board of Directors**

**Section 1 – General Powers:** The affairs of the Corporation shall be exclusively managed by its Board of Directors, and they shall be vested with the right to vote upon all matters affecting the Corporation. The Board of Directors is responsible for overall policy and direction of the Corporation, and delegates responsibility of day-to-day operations to the staff.

**Section 2 – Powers of the Board of Directors:** The Board of Directors shall have such powers as are provided for in the Articles of Incorporation of the Corporation, these Bylaws and the laws of the State of Illinois, including, but not limited to, the exclusive power to:

- (a) Elect, remove and replace members of the Board of Directors of the Corporation and/or officers of the Corporation.
- (b) Approve, before they may become effective, all amendments to the Articles of Incorporation of the Corporation proposed by the Corporation Board of Directors and enact or amend Articles of Incorporation for the Corporation.
- (c) Approve a plan of dissolution or liquidation of the Corporation or a plan of merger or consolidation of the Corporation with another corporation.
- (d) Adopt, or permit the adoption of, any annual or long-term capital or operational budget of the Corporation or of any affiliate or subsidiary of the Corporation.
- (e) Authorize any transaction providing for the sale or other disposition of all or substantially all of the assets of the Corporation.
- (f) Approve, or permit the approval of, any long-term borrowing of money for capital needs by the Corporation or by any affiliate or subsidiary of the Corporation.
- (g) Approve, before it may become effective, the creation of any taxable or tax-exempt subsidiary organization of the Corporation.

- (h) Adopt policies which may impose obligations upon the Corporation Board of Directors or limitations on the powers of the Corporation Board of Directors, which shall be consistent with these Bylaws and the Corporation Articles of Incorporation.

**Section 3 – Number and Qualifications:** The Board of Directors will number up to twenty (20) directors but not fewer than fifteen (15) members. Board members shall consist of interested persons distinguished by their achievement and good judgment who have expertise in areas which will aid the Corporation in the development of programs and policies, and who shall broadly represent the community in DuPage County, Illinois and the members of the Positive Parenting DuPage collaboration.

**Section 4 – Terms of Office or Directors:** Except as otherwise provided herein, the term of each director shall be thirty-six months. The directors elected at the organizational meeting of the Board of Directors shall determine the initial tenure of office of the first Board so that the term of at least one-third (1/3) of such directors shall expire each year. Thereafter, at each annual meeting of the directors, the directors whose terms then expire may be elected for one or two thirty-six (36) month terms. No director shall serve for more than two (2) consecutive thirty- six month terms at any one time.

**Section 5 – Voting:** Each director shall be entitled to one (1) vote on each proposition submitted to vote.

**Section 6 – Removal of Directors:** Any elected director may be removed from the Board, with or without cause, by a two-thirds vote of the Board of Directors, Written notice of such contemplated action having been given at least two (2) weeks prior to the meeting at which a vote on such matter is contemplated, where the notice for such meeting states that a purpose of the meeting is to vote on the removal of a director(s) who are named in the notice.

**Section 7 – Vacancies:** Any vacancy occurring in the Board of Directors by reason of the resignation, death, removal, disqualification or otherwise may be filled by the Board of Directors from the candidates presented by the Nominating Committee for the unexpired portion of the term. Whenever any director fails to attend three (3) regularly scheduled consecutive meetings of the Board, the Board may declare the position vacant.

**Section 8 – Meetings:** There shall be at least four (4) quarterly regular meetings of the Board of Directors annually. The last regular meeting of the fiscal year will be the annual meeting. The chairperson may call special meetings of the Board of Directors and shall call special meetings upon the written request of six (6) directors.

**Section 9 – Annual Meetings:** The Board of Directors shall hold their annual meeting at a place located within DuPage County at a time and place to be designated by the majority of the Board of Directors.

**Section 10 – Notice of Meetings:** Notice of any special meeting of the Board of Directors shall be given at least two (2) days previously thereto by written notice delivered personally or sent by mail, electronic communication and/or facsimile to each director at the address as shown by records of the Corporation. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon paid. If notice is to be given by electronic communication, notice will be sent with delivery notification requested and such notice shall be deemed to be delivered when the delivery notification receipt response is received by the original sender. If notice is to be given by facsimile, such notice shall be deemed to be delivered when the facsimile is received. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular meeting of the Board need be specified in the notice or waiver of notice of such meeting,

unless specifically required by law or by these bylaws. For a special meeting, the purpose or purposes for the meeting shall be stated in the notice.

**Section 11 – Quorum:** A quorum must be attended by at least forty percent of the current directors for business transactions to take place and motions to pass; but if less than forty percent of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

**Section 12 – Manner of Acting:** The act of the majority of the directors present at the meeting at which a quorum is present shall be the act of the Board of Directors, except where otherwise provided by law or by these bylaws.

**Section 13 – Informal Action:** Unless otherwise provided in the Articles of Incorporation, any action required to be taken at any annual or special meeting of the directors may be taken without a meeting and without a vote, if a consent in writing, setting forth the action so taken, shall be signed by all of the directors entitled to vote with respect to the subject matter thereof. Any such unanimous written consent may be signed in counterparts.

**Section 14 – Telephonic Meetings:** The Board of Directors or any committee of the Board of Directors may participate in and act at any meeting of such Board through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can hear each other. Participation in such meeting shall constitute attendance and presence in person at the meeting of the person or persons so participating.

**Section 15 – Compensation:** Directors as such shall not receive any stated salaries for their services.

**Section 16 – Conflict of Interest:** Any possible conflict of interest on the part of a director shall be disclosed to the Board of Directors. When any such interest becomes a matter for action of the Board of Directors, such director shall not vote or use personal influence on the matter, and shall not be counted in the quorum for a meeting at which action of the Board of Directors is to be taken on the interest. The Director may, however, briefly state a position on the matter, and answer pertinent questions of members of the Board of Directors. The minutes of all actions taken on such matters shall clearly reflect that these requirements have been met.

#### **ARTICLE IV Officers**

**Section 1 – Officers:** The officers of the Corporation shall be a chairperson, one or more vice-chairs (the number thereof to be determined by the Board of Directors), an executive director, a secretary, a treasurer and such other officers as may be elected in accordance with the provisions of this article. Other than the offices of chairperson and executive director, the same person may hold any two offices. The Board of Directors may elect or appoint such other officers as it shall deem desirable, such officers to have the authority and perform the duties prescribed.

**Section 2 – Election and Term of Office:** The officers of the Corporation shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. Such officers shall come from among the members of the Board of Directors, and shall be nominated by the Nominating Committee. If the election of the officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. New offices may be created and filled at any meeting of the Board of Directors. Each officer shall hold office until his or her successor shall have been duly elected and shall have qualified.

**Section 3 – Removal:** The Board of Directors may remove any officer elected or appointed by the Board of Directors whenever in its judgment the best interests of the Corporation would be served thereby.



**Section 4 – Vacancies:** A vacancy in any office because of resignation, death, removal, disqualification or otherwise may be filled by the Board of Directors for the unexpired portion of the term.

**Section 5 – Chairperson:** The Chairperson shall in general supervise the business and affairs of the Corporation. He or she shall preside at all meetings of the Board of Directors. He or she may sign, with the secretary or any other proper officer of the Corporation authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these bylaws or by statute to some other officer or agent of the Corporation; and in general, he or she shall perform all duties incident to the office of chairperson and such other duties as may be prescribed by the Board of Directors from time to time.

**Section 6 – Vice-Chair:** In the absence of the chairperson or in the event of his or her inability or refusal to act, the vice-chair (or in the event there be more than one vice-chair, the vice-chairs, in order of their appointment), shall have all the powers of and be subject to all the restrictions upon the chairperson. Any vice-chair shall perform such other duties as from time to time may be assigned to him or her by the chairperson or by the Board of Directors.

**Section 7 – Executive Director:** An Executive Director shall be appointed by and report to the Board of Directors. The Executive Director shall serve as the Chief Executive Officer of the Corporation and shall be a non-voting member of the Board of Directors. The Executive Director shall assist the secretary in keeping a record of the proceedings of the Board of Directors and the Executive Committee. Further, the Executive Director will be responsible for the general day-to-day operation of the Corporation and supervision of the Corporation's staff.

**Section 8 – Treasurer:** The treasurer shall perform all duties incident to the office of treasurer and such other duties as from time to time may be assigned to him or her by the Chairperson or by the Board of Directors.

**Section 9 – Secretary:** The secretary shall keep the minutes of the meetings of the Corporation and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these bylaws or as required by law; be custodian of the Corporation records, the execution of which on behalf of the Corporation is duly authorized in accordance with the provisions of these bylaws; keep a register of the addresses of each director which shall be furnished to the secretary by such director; and in general perform all duties incident to the office of secretary and such other duties as from time to time may be assigned to him or her by the Chairperson or by the Board of Directors.

## **ARTICLE V**

### **Committees**

**Section 1 – Committees:** The Board of Directors, by resolution, may designate and appoint one or more committees, each of which shall consist of two or more directors, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the governance of the Corporation; provided, however, that no such committee shall have the authority of the Board of Directors in reference to amending, altering or repealing the bylaws; electing, appointing or removing any director of any such committee or any director or officer of the Corporation; amending the Articles of Incorporation; adopting a plan of merger or adopting a plan of consolidation with another Corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of the Corporation; authorizing the voluntary dissolution of the Corporation or revoking proceedings therefore; adopting a plan for the distribution of the assets of the Corporation; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual directors, of any responsibility imposed upon it, him or her by law.

**Section 2 – Standing Committees:** Standing committees will be those committees appointed to permanently serve the Board, consisting of the following:

- A. **Executive Committee:** The Executive Committee shall consist of the officers of the Corporation, and shall be chaired by the Board Chairperson. The executive director of the Corporation shall serve ex officio, without vote. The Executive Committee shall conduct the day-to-day business of the organization between Board meetings, shall review program objectives and progress in working toward these goals, and report to the Board at regular meetings regarding the action taken by the Executive Committee which requires ratification by the Board. The Executive Committee shall also be charged with the task of reviewing policies, appointment and other actions recommended by any of the other committees and with managing budgets and resources. Meetings shall be held as needed and called by any director who serves on the committee.
- B. **Nominating Committee:** The Nominating Committee is charged with: (1) identifying and/or recruiting candidates for Board directorship in accordance with Board policy, (2) annually nominating the officers of the Corporation, and (3) reviewing the expiring director terms on an annual basis, and making recommendations for the re-election of directors who are so eligible. The Board of Directors shall appoint the Nominating Committee each year, and the Nominating Committee shall select a chair from within their number.

**Section 3 – Ad Hoc Committees:** These are committees other than the standing committees, and may be appointed from time to time by the Board for the purpose of performing specific tasks outside the scope of the standing committees and may include persons who are not members of the Board of Directors. Any member thereof may be removed by the Board whenever in its judgment the best interest of the Corporation shall be served by such removal.

**Section 4 – Term of Office:** Each individual committee member shall continue to serve as follows: (a) until the next annual meeting of the directors of the Corporation and until his or her successor is appointed, unless the committee shall be sooner terminated, (b) until such committee member resigns or is removed from such committee, or (c) until such committee member shall cease to qualify as a committee person thereof.

**Section 5 – Chairperson:** One member of each committee shall be appointed chairperson by the Board of Directors. However, the Nominating Committee chairperson shall be appointed as set forth herein above.

**Section 6 – Vacancies:** Vacancies in any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

**Section 7 – Rules:** Each committee may adopt rules for its own governance not inconsistent with these bylaws or with rules adopted by the Board of Directors.

## **ARTICLE VI**

### **Operating Procedures**

**Section 1 – Parliamentary Authority:** Parliamentary procedure at all meetings of the Board of Directors and its committees shall be in accordance with Robert's Rules of Order as revised.

**Section 2 – Operating Procedures:** The Board of Directors may adopt such standard operating procedures regarding fiscal, personnel and other matters, as it shall deem appropriate.

## **ARTICLE VII**

### **Financial Administration**

**Section 1 – Fiscal Year:** The fiscal year of the Corporation shall begin on the first day of July and end on the last day of June in each calendar year. The Board of Directors may change the dates of the fiscal year in accordance with these bylaws.

**Section 2 – Budget:** The Board of Directors shall approve an official budget each year prior to the start of the fiscal year. The budget shall set forth the anticipated amounts and sources of revenue and planned expenses, and may not show expenses which exceed anticipated revenues. The Board may amend the official budget.

**Section 3 – Checks, Drafts, Etc.:** All checks, drafts or other orders for the payment of money in the name of the Corporation shall be signed by such officer or agent of the Corporation and in such manner as shall be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instrument shall be signed by the treasurer and countersigned by one of the other officers (chair, vice-chair or secretary).

**Section 4 – Contract:** The Board of Directors may authorize any officer to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation and such authority may be general or confined to specific instances.

## **ARTICLE VIII**

### **Directors and Officers Insurance**

**Section 1 – Insurance:** The Corporation shall purchase and maintain insurance on behalf of any person who is or was a director or officer of the Corporation against any liability asserted against such person and incurred by such person in his or her capacity as director or officer.

## **ARTICLE IX**

### **Amendments to Bylaws**

These bylaws may be amended, altered or repealed and new bylaws may be adopted by a simple majority of the Board of Directors present at any regular or special meeting, provided that at least five (5) days written notice is given of intention to alter, amend or repeal or to adopt new bylaws at such meeting.

## **CERTIFICATION**

These bylaws were approved at a meeting of the Board of Directors by a two-thirds majority vote on August 3, 2005.

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Date

**SAMPLE: BYLAWS OF  
DUPAGE HEALTH COALITION**  
[RETURN TO TOC](#)

**Name**

The name of the organization is DuPage Health Coalition.

**Purpose**

The purpose of the DuPage Health Coalition (hereinafter referred to as the “Corporation”) is to develop and sustain in DuPage County a system for effectively and efficiently managing the health of low-income populations across the continuum of care.

A key strategy for fulfilling this purpose is the Access DuPage program, which the DuPage Safety Net Coalition is accountable for managing. The purpose of the Access DuPage program is to provide access to medical care to low-income, medically uninsured residents of DuPage County.

**Members**

*Members.*

The Members of the Corporation shall be the following organizations: Access Community Health Network; Adventist Midwest Health; Advocate Good Samaritan Hospital; Central DuPage Hospital; DuPage Community Clinic; DuPage County Board of Health; DuPage County Community Services; DuPage County Medical Society; DuPage Federation on Human Services; DuPage Medical Group; Elmhurst Memorial Hospital; Edward Hospital; and Marianjoy Rehabilitation Hospital (collectively, the “Members”).

*New Members.*

Additional Members may be added by majority vote of the existing Members. Any Member may designate an affiliate organization to take its place as a Member of the Corporation, without any additional approval from the other Members. For the purposes of this Agreement, an affiliate of another Person shall be deemed to include a natural person, corporation, trust, company, estate, unincorporated association, partnership, limited liability corporation, limited liability partnership or other entity and/or any officer, director, partner or agent of such Person, together with any entity on whose behalf said Person acts, and shall also include any Person who directly or indirectly owns, controls or holds with power to vote, 10% or more of the outstanding voting securities of such Person (“Person”).

*Powers of the Members.*

The Members shall have such powers as are provided for in the Articles of Incorporation of the Corporation, these Bylaws and the laws of the State of Illinois, including, but not limited to, the exclusive power to:

Elect, remove and replace members of the Board of Directors of the Corporation.

Approve, before they may become effective, all amendments to the Articles of Incorporation of the Corporation proposed by the Corporation Board of Directors and enact or amend Articles of Incorporation for the Corporation in the discretion of Members.

Approve a plan of dissolution or liquidation of the Corporation or a plan of merger or consolidation of the Corporation with another corporation.

Adopt, or permit the adoption of, any annual or long-term capital or operational budget of the Corporation or of any affiliate or subsidiary of the Corporation.

Authorize any transaction providing for the sale or other disposition of all or substantially all of the assets of the Corporation

Approve, or permit the approval of, any long-term borrowing of money for capital needs by the Corporation or by any affiliate or subsidiary of the Corporation.

Approve, before it may become effective, the creation of any taxable or tax-exempt subsidiary organization of the Corporation.

Adopt policies which may impose obligations upon the Corporation Board of Directors or limitations on the powers of the Corporation Board of Directors which shall be consistent with these Bylaws and the Corporation Articles of Incorporation, provided that the policies shall first be submitted to the Corporation Board of Directors for comment upon no less than thirty (30) days prior written notice. Any policies as described above which are adopted by the Members shall be delivered to the Chairman, President or Secretary of the Corporation, signed by an authorized Member, and shall be effective as of the date of delivery.

The Members or such representative as the Members may designate in writing to the Secretary of the Board of Directors of the Corporation may exercise the powers of Members.

*No Member Certificates.*

No Member certificates for the Corporation shall be required.

*Delegates.*

Each Member of the Corporation shall designate one (1) individual to serve as its designated delegate. Members of the Corporation shall exercise all of their rights through such designated delegates, and the votes of the delegates in any meeting shall be the votes of the Members at such meeting. Each delegate shall be entitled to one (1) vote at any meeting of Members.

*Annual Meetings.*

The Members shall hold their annual meeting at a place located within DuPage County at a time and place to be designated by the majority of the Members. The annual meeting of the Members shall be scheduled on the same date as, and to immediately precede, the annual meeting of the Board of Directors.

*Special Meetings.*

Special meetings of the Members may be called by the president of the Corporation, the chairperson of the Corporation Board of Directors at the order of the Board of Directors, or at any time by a written request stating the date and reason for having a special meeting signed by twenty-five (25 %) percent of the Members and is delivered to the chairperson of the Board of Directors at least fifteen (15) days before the date of the requested meeting.

*Notice of Meetings.*

Notice of any special meeting of the Members shall be given at least five (5) and no more than sixty (60) days before the date of the meeting by written notice delivered personally or sent by mail and/or facsimile to each Member at the address as shown by the records of the Corporation. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon paid. If notice is to be given by facsimile, such notice shall be deemed to be delivered when the facsimile is received. Any Member may waive notice of any meeting. The attendance of a Member's delegate at any meeting shall constitute a waiver of notice of such meeting, except where a delegate attends a meeting for the express purpose of objecting to

the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular meeting of the Members need be specified in the notice or waiver of notice of such meeting. For a special meeting, the purpose or purposes for the meeting shall be stated in the notice.

*Quorum.*

A quorum shall consist of fifty (50%) percent of the eligible Members represented by a delegate for each Member in good standing. The delegates present at a duly-called or held meeting at which a quorum is present may continue to do business notwithstanding the withdrawal of enough delegates to leave less than a quorum.

*Informal Action.*

Unless otherwise provided in the Articles of Incorporation, any action required to be taken at any annual or special meeting of the Members, or any other action which may be taken at a meeting of the Members, may be taken without a meeting and without a vote, if consent in writing, setting forth the action so taken, shall be signed by all of the Members entitled to vote with respect to the subject matter thereof, or (b) by the Members having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all Members entitled to vote thereon were present and voting. If the consent is signed by less than all Members entitled to vote, then the consent shall become effective only (a) if, at least five (5) days prior to the effective date of such consent, a notice of the proposed action is given in writing to all of the Members entitled to vote with respect to the subject matter thereof, and (b) if, after the effective date of the action, prompt written notice is given to all Members of the taking of the action without a meeting.

*Telephonic Meetings.*

The Members may participate in and act at any meeting of such Members through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can hear each other. Participation in such meeting shall constitute attendance and presence in person at the meeting of the person or persons so participating.

**Board of Directors**

*General Powers.*

The affairs of the Corporation shall be exclusively managed by its Board of Directors, and they shall be vested with the right to vote upon all matters affecting the Corporation, subject to the limitations set forth in Article III.

*Number and Qualifications.*

The Board of Directors will number up to twenty (20) directors. Board members shall consist of interested persons distinguished by their achievement and good judgment who have expertise in areas which will aid the Corporation in the development of programs and policies, and who shall broadly represent the community in DuPage County and the members of the Access DuPage collaboration. The composition of the Board shall include at least one (1) director member who meets each of the following qualifications: a representative of the hospitals located within DuPage County; a physician who resides or practices within DuPage County; a representative of a DuPage County governmental organization; a representative of a community organization serving the residents of DuPage County; and a resident of DuPage County who does not work in the health care field.

*Terms of Office of Directors.*

Except as otherwise provided herein, the term of each director shall be three (3) years. The directors elected at the organizational meeting of the Board of Directors shall determine the initial tenure of office of the first Board so that the term of at least one-third (1/3) of such directors shall expire each year. Thereafter, at each annual meeting of the directors, the directors whose terms then expire may be elected for one or two three (3) year terms. No director shall serve for more than two (2) consecutive three-year terms at any one time.

#### *Voting.*

Each director shall be entitled to one (1) vote on each proposition submitted to vote.

#### *Removal of Directors.*

Any elected director may be removed from the Board, with or without cause, by (a) a majority vote of the Members at a meeting where the notice for such meeting states that a purpose of the meeting is to vote on the removal of a director(s) who are named in the notice, or (b) a two-thirds vote of the Board of Directors, whenever in their judgment the best interests of the Corporation would be served thereby. Written notice of such contemplated action shall be given at least two (2) weeks prior to the meeting at which a vote on such matter is contemplated.

#### *Vacancies.*

Any vacancy occurring in the Board of Directors by reason of the resignation, death, removal, disqualification or otherwise may be filled by the Members from the candidates presented by the Nominating Committee for the unexpired portion of the term. Whenever any director fails to attend three (3) regularly scheduled consecutive meetings of the Board, the Board may declare the position vacant.

#### *Meetings.*

There shall be at least four (4) quarterly regular meetings of the Board of Directors annually. The first meeting of the fiscal year will be the annual meeting. The annual meeting of the Board of Directors shall be scheduled on the same date as, and to immediately follow, the annual meeting of the Members. The Members shall be invited to attend the annual meeting of the Board of Directors. The chairperson may call special meetings of the Board of Directors and shall call special meetings upon the written request of six (6) directors.

#### *Notice.*

Notice of any special meeting of the Board of Directors shall be given at least two (2) days previously thereto by written notice delivered personally or sent by mail and/or facsimile to each director at his or her address as shown by the records of the Corporation. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon paid. If notice is to be given by facsimile, such notice shall be deemed to be delivered when the facsimile is received. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board need be specified in the notice or waiver of notice of such meeting, unless specifically required by law or by these bylaws.

#### *Quorum.*

One-half of the directors shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than one-half of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

#### *Manner of Acting.*

The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, except where otherwise provided by law or by these bylaws.

#### *Informal Action.*

Unless otherwise provided in the Articles of Incorporation, any action required to be taken at any annual or special meeting of the directors may be taken without a meeting and without a vote, if a consent in writing, setting

forth the action so taken, shall be signed by all of the directors entitled to vote with respect to the subject matter thereof. Any such unanimous written consent may be signed in counterparts.

*Telephonic Meetings.*

The Board of Directors or any committee of the Board of Directors may participate in and act at any meeting of such Board or committee through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can hear each other. Participation in such meeting shall constitute attendance and presence in person at the meeting of the person or persons so participating.

*Compensation.*

Directors as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each regular or special meeting of the Board.

*Conflict of Interest.*

Any possible conflict of interest on the part of a director shall be disclosed to the Board of Directors. When any such interest becomes a matter for action of the Board of Directors, such director shall not vote or use personal influence on the matter, and shall not be counted in the quorum for a meeting at which action of the Board of Directors is to be taken on the interest. The Director may, however, briefly state a position on the matter, and answer pertinent questions of members of the Board of Directors. The minutes of all actions taken on such matters shall clearly reflect that these requirements have been met.

**Officers**

*Officers.*

The officers of the Corporation shall be a chairperson, one or more vice-chairs (the number thereof to be determined by the Board of Directors), a president, a secretary, a treasurer and such other officers as may be elected in accordance with the provisions of this article. Other than the offices of chairperson and president, the same person may hold any two offices. The Board of Directors may elect or appoint such other officers as it shall deem desirable, such officers to have the authority and perform the duties prescribed.

*Election and Term of Office.*

The officers of the Corporation shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. Such officers shall come from among the members of the Board of Directors and shall be nominated by the Nominating Committee. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. New offices may be created and filled at any meeting of the Board of Directors. Each officer shall hold office until his or her successor shall have been duly elected and shall have qualified.

*Removal.*

The Board of Directors may remove any officer elected or appointed by the Board of Directors whenever in its judgment the best interests of the Corporation would be served thereby.

*Vacancies.*

A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.



#### *Chairperson.*

The chairperson shall in general supervise the business and affairs of the Corporation. He or she shall preside at all meetings of the Board of Directors. He or she may sign, with the secretary or any other proper officer of the Corporation authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these bylaws or by statute to some other officer or agent of the Corporation; and in general he or she shall perform all duties incident to the office of chairperson and such other duties as may be prescribed by the Board of Directors from time to time.

#### *Vice-Chair.*

In the absence of the chairperson or in the event of his or her inability or refusal to act, the vice-chair (or in the event there be more than one vice-chair, the vice-chairs, in order of their appointment), shall have all the powers of and be subject to all the restrictions upon the chairperson. Any vice-chair shall perform such other duties as from time to time may be assigned to him or her by the chairperson or by the Board of Directors.

#### *President.*

A President shall be appointed by and report to the Board of Directors. The President shall serve as the Chief Executive Officer of the Corporation and shall be a non-voting member of the Board of Directors. The President shall assist the secretary in keeping a record of the proceedings of the Board of Directors and the Executive Committee. Further, the President will be responsible for the general day-to-day operation of the Corporation and supervision of the Corporation's staff.

#### *Treasurer.*

If required by the Board of Directors, the treasurer shall give a bond for the faithful discharge of his or her duties in such sum and with such surety or sureties as the Board of Directors shall determine. He or she shall have charge and custody of and be responsible for all funds and securities of the Corporation; receive and give receipts for monies due and payable to the Corporation from any source whatsoever, and deposit all such monies in the name of the Corporation in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of these by-laws; and in general perform all the duties incident of the office of treasurer and such other duties as from time to time may be assigned to him or her by the chairperson or by the Board of Directors.

#### *Secretary.*

The secretary shall keep the minutes of the meetings of the Corporation and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these by-laws or as required by law; be custodian of the Corporation records, the execution of which on behalf of the Corporation is duly authorized in accordance with the provisions of these by-laws; keep a register of the post office address of each director which shall be furnished to the secretary by such director; and in general perform all duties incident to the office of secretary and such other duties as from time to time may be assigned to him or her by the chairperson or by the Board of Directors.

### **Committees**

#### *Committees.*

The Board of Directors, by resolution, may designate and appoint one or more committees, each of which shall consist of two or more directors, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the governance of the Corporation; provided, however, that no such committee shall have the authority of the Board of Directors in reference to amending, altering or repealing the by-laws; electing, appointing or removing any director of any such committee or any director or officer of the Corporation; amending the articles of incorporation; adopting a plan of merger or adopting a plan of consolidation with another Corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property

and assets of the Corporation; authorizing the voluntary dissolution of the Corporation or revoking proceedings therefore; adopting a plan for the distribution of the assets of the Corporation; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. The designation and appointment of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual directors, of any responsibility imposed upon it, him or her by law. Unless otherwise provided for in these bylaws, the chairman of the Board of Directors shall have the responsibility for appointing the individuals who are to serve as members of any committee that is designated by the Board of Directors.

#### *Standing Committees.*

Standing committees will be those committees appointed to permanently serve the Board, consisting of the following:

**Executive Committee.** The Executive Committee shall consist of the officers of the Corporation, and shall be chaired by the Board Chairperson. The president of the Corporation shall serve ex officio, without vote. The Executive Committee shall conduct the day-to-day business of the organization between Board meetings, shall review program objectives and progress in working toward these goals, and report to the Board at regular meetings regarding the action taken by the Executive Committee which requires ratification by the Board. The Executive Committee shall also be charged with the task of reviewing policies, appointments and other actions recommended by any of the other committees and with managing budgets and resources. In addition, it shall be the responsibility of the Executive Committee to conduct an annual review of the performance of the president. Meetings shall be held as needed and called by any director who serves on the committee. A quorum shall be a majority of the directors serving on the Executive Committee.

**Nominating Committee.** The Nominating Committee is charged with: (1) identifying and/or recruiting candidates for Board directorship in accordance with Board policy, (2) annually nominating the officers of the Corporation, and (3) reviewing the expiring director terms on an annual basis, and making recommendations for the re-election of directors who are so eligible. The Board of Directors shall appoint the Nominating Committee each year, and the Nominating Committee shall select a chair from within their number.

#### *Ad Hoc Committees.*

These are committees other than the standing committees and may be appointed from time to time by the Board for the purpose of performing specific tasks outside the scope of the standing committees. Any member thereof may be removed by the Board whenever in its judgment the best interest of the Corporation shall be served by such removal.

#### *Term of Office.*

Each individual committee member shall continue to serve as follows: (a) until the next annual meeting of the directors of the Corporation and until his or her successor is appointed, unless the committee shall be sooner terminated, (b) until such committee member resigns or is removed from such committee, or (c) until such committee member shall cease to qualify as a committee person thereof.

#### *Chairperson.*

One member of each committee shall be appointed chairperson by the Board of Directors. However, the Nominating Committee chairperson shall be appointed as set forth herein above.

#### *Vacancies.*

Vacancies in any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

#### *Rules.*

Each committee may adopt rules for its own governance not inconsistent with these by-laws or with rules adopted by the Board of Directors.

### **Operating Procedures**

#### *Parliamentary Authority.*

Parliamentary procedure at all meetings of the Board of Directors and its committees shall be in accordance with Robert's Rules of Order as revised.

#### *Operating Procedures.*

The Board of Directors may adopt such standard operating procedures regarding fiscal, personnel and other matters, as it shall deem appropriate.

### **Financial Administration**

#### *Fiscal Year.*

The fiscal year of the Corporation shall begin on the first day of July and end on the last day of June in each calendar year. The Board of Directors may change the dates of the fiscal year in accordance with these bylaws.

#### *Budget.*

The Board of Directors shall approve an official budget each year at the annual meeting or as soon thereafter as is feasible. The budget shall set forth the anticipated amounts and sources of revenue and planned expenses and may not show expenses which exceed anticipated revenues. The Board may amend the official budget.

#### *Checks, Drafts, Etc.*

All checks, drafts or other orders for the payment of money in the name of the Corporation shall be signed by such officer or agent of the Corporation and in such manner as shall be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instrument shall be signed by the treasurer and countersigned by one of the other officers (chair, vice-chair or secretary).

#### *Contract.*

Subject to the provisions and limitations stated in Section 2 of this Article, the Board of Directors may authorize any officer to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation and such authority may be general or confined to specific instances.

#### *Deposits.*

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depositories as the Board of Directors shall select.

### **Indemnification of Officers, Directors, Employees or Agents**

#### *Actions Other Than by or in the Right of the Corporation.*

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or

investigative (other than an action by or in the right of the Corporation) by reason of the fact that such person is or was a director, officer, employee or agent of the Corporation, or who is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit, or proceeding, if such person acted in good faith and in a manner such person reasonably believed to be in, or not opposed to, the best interests of the Corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe such person's conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that a person did not act in good faith and in a manner which such person reasonably believed to be in or not opposed to the best interests of the Corporation or, with respect to any criminal action or proceeding, that the person had reasonable cause to believe that such person's conduct was unlawful.

*Actions by or in the Right of the Corporation.*

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the Corporation to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including attorneys' fees) actually and reasonably incurred by such person in connection with the defense or settlement of such action or suit, if such person acted in good faith and in a manner such person reasonably believed to be in, or not opposed to, the best interests of the Corporation, provided that no indemnification shall be made in respect to any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of such person's duty to the Corporation, unless, and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability, but in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper.

*Indemnification Against Expenses.*

To the extent that a director, officer, employee or agent of the Corporation has been successful, on the merits or otherwise, in the defense of any action, suit or proceeding referred to in Sections 1 and 2 of this Article IX, or in defense of any claim, issue or matter therein, such person shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by such person in connection therewith.

*Authorization of Indemnification.*

Any indemnification under Sections 1 and 2 of this Article IX (unless ordered by a court) shall be made by the Corporation only as authorized in the specific case, upon a determination that indemnification of the director, officer, employee or agent is proper in the circumstances because such person has met the applicable standard of conduct set forth in Sections 1 or 2. Such determination shall be made (1) by the Corporation Board of Directors by a majority vote of a quorum consisting of the Corporation directors who were not parties to such action, suit or proceeding, or (2) if such a quorum is not obtainable, or even if obtainable, if a quorum of disinterested the Corporation directors so directs, by independent legal counsel in a written opinion, or (3) by the Members.

*Payment of Expenses in Advance.*

Expenses incurred in defending a civil or criminal action, suit or proceeding may be paid by the Corporation in advance of the final disposition of such action, suit or proceeding, as authorized by the Corporation Board of Directors in the specific case, upon receipt of an undertaking by or on behalf of the director, officer, employee or agent to repay such amount, unless it shall ultimately be determined that such person is entitled to be indemnified by the Corporation as authorized in this Article IX.

*Provisions Not Exclusive.*

The indemnification provided by this Article shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any bylaw, agreement, vote of the Members or disinterested directors, or otherwise, both as to action in such person's official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee or agent, and shall inure to the benefit of the heirs, executors and administrators of such a person.

*Insurance.*

The Corporation shall purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the Corporation, or who is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against such person and incurred by such person in any such capacity, or arising out of such person's status as such, whether or not the Corporation would have the power to indemnify such person against such liability under the provisions of this Article IX.

**Amendments to Bylaws**

These bylaws may be amended, altered or repealed and new bylaws may be adopted by a simple majority of the Members present at any regular or special meeting, provided that at least five (5) days written notice is given of intention to alter, amend or repeal or to adopt new bylaws at such meeting.

Approved: July 2001

Amended: May 16, 2007

**SAMPLE: BYLAWS OF THE COLLABORATION FOR EARLY CHILDHOOD  
CARE AND EDUCATION**  
[RETURN TO TOC](#)

**ARTICLE I: NAME AND PURPOSE**

**Section 1: Name:** The name of the corporation shall be the Collaboration for Early Childhood Care and Education (“Collaboration”).

**Section 2: Purpose:** The Collaboration is organized exclusively for the charitable and educational purposes of fostering high quality, affordable early childhood care and educational experiences and support to families.

**ARTICLE II: MEMBERS**

**Section 1:** The Collaboration shall have no members. All authority granted by statute to members shall be held and exercised by the Consensus Makers.

**ARTICLE III: CONSENSUS MAKERS**

**Section 1: General and Nondelegable Powers:** The affairs of the Collaboration shall be managed by or under the direction of its board of directors which shall be designated as the “Consensus Makers” and the members individually as a “Consensus Maker”. The Consensus Makers shall have the sole authority for all decisions of the Collaboration, though certain decisions may be delegated to others. The Consensus Makers shall have the sole and non-delegable authority to act on (a) approval of Task Group members and Officers, (b) approval of the annual budget, (c) authorization for the creation of a committee, (d) approval of a committee chair, (e) approval of changes to the mission and vision, and (f) approval of changes to these bylaws and policies.

**Section 2: Delegable Powers:** Other than with respect to the specific areas of non-delegable authority listed in Section 1 of this Article, the Consensus Makers may delegate authority to act to the Task Group or to any committee, employee, contractor, or agent of the Collaboration.

**Section 3: Number of Consensus Makers:** The number of Consensus Makers of the Collaboration shall not be fixed or limited.

**Section 4: Eligibility of Consensus Makers:** A Consensus Maker remains an eligible participant in the Collaboration by (a) regularly participating in Consensus Meetings, (b) making contributions to, or being an employee or representative of a contributing organization, and (c) otherwise supporting the mission of the Collaboration.

(a) Regular participation of a Consensus Maker requires: (i) attendance at no less than half (50%) of the previous 12 regularly scheduled meetings of the Consensus Makers, determined on a quarterly basis; or (ii) attendance at three consecutive regularly scheduled meetings immediately prior to participation in consensus making.

(b) Contribution levels of Consensus Makers will be determined annually by the Collaboration. On or before March 1 of each year, the Task Group shall submit a recommendation for contribution levels for the next fiscal year to the Consensus Makers, who shall determine such contribution levels for the next fiscal year no later than June 1 of that year.

(c) An individual Consensus Maker shall be deemed to support the mission by so declaring, in any form acceptable to the Consensus Makers from time to time. An organization shall be deemed to support the mission through the formal acknowledgement and approval of an individual (e.g., an executive director) or group (e.g., a board of directors) with power to authorize such support and participation by the organization. Such declaration

or acknowledgement shall be in any form acceptable to the Consensus Makers as they may determine from time to time.

(d) The participating organization shall designate one (1) representative to formally represent the organization as a Consensus Maker with authority to participate in decision-making. Other members of such organization may participate in meetings or otherwise within the Collaboration including consensus-making, but they shall do so as individuals and not as the representative of such organization.

(e) Any Consensus Maker may request at any time that the Consensus Makers determine the eligibility of a Consensus Marker pursuant to these Bylaws and such policies and guidelines as the Consensus Makers may establish from time to time. A determination of eligibility requires a Consensus (as defined in Section 12(b) of this Article) at an annual, regularly scheduled, or special meeting.

**Section 5: Resignations:** Any Consensus Maker may leave the Collaboration at any time by giving written notice to the other Consensus Makers, the President, the Vice-President (in the absence of the President), or the Secretary. Such resignation shall take effect when the notice is delivered unless the notice specifies a future date; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

**Section 6: Preservation of Contribution Commitments:** The resignation of a Consensus Maker shall not affect or waive any outstanding funding commitments of the Consensus Maker for the fiscal year in which the resignation occurs.

**Section 7: Annual Meetings:** The annual meeting of the Consensus Makers shall be held at such place and at such time as may be designated by resolution of the Consensus Makers.

**Section 8: Regular Meetings:** The Consensus Makers shall hold regular meetings at such place and at such times as may be designated by resolution of the Consensus Makers, without other notice than such resolution.

**Section 9: Special Meetings:** Special meetings of the Consensus Makers may be held at any time on the call of the President or at the request in writing of any two (2) Consensus Makers. Special meetings of the Consensus Makers may be held at such place, either within or without the State of Illinois, as shall be specified or fixed in the call for such meeting or notice thereof.

**Section 10: Notice of Special Meetings:** Notice of each special meeting shall be delivered by or at the direction of the Secretary to each Consensus Maker at least five (5) days, but not more than sixty (60) days, before the day on which the meeting is to be held. Notice may be given by any regularly accepted method permitted by law, including but not limited to regular mail, overnight courier, messenger, facsimile, email or other electronic delivery methods. Any objections as to the timing or form of notice may be waived in writing by a Consensus Maker, either before or after the meeting. Attendance of a Consensus Maker at any meeting shall constitute a waiver of notice of such meeting except where the Consensus Maker attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. All notices of special meetings shall be accompanied by a description of the matters to be discussed or business to be transacted.

**Section 11: Record Date:** The record date for any meeting shall be the date given in the notice of the meeting.

**Section 12: Quorum and Consensus:**

(a) Quorum and Consensus: All actions of the Consensus Makers shall be ratified by a Consensus of a quorum of Consensus Makers, or as otherwise allowed in these Bylaws, or else be null and void. No fewer than ten (10) Consensus Makers or seventy-five percent of all Consensus Makers, whichever number is less, must be present at any meeting to constitute a quorum for the purpose of reaching a valid consensus for the transaction of business.

(b) **Consensus:** A valid consensus (“Consensus”) is defined as the assent of all participating Consensus Makers at a meeting at which there is a quorum. A Consensus Maker who disagrees with a proposal or decision may remain silent on the decision at the time that a call for consensus is made and such silence shall be deemed to be assent of the proposal or decision. Any act ratified by a Consensus of Consensus Makers shall be the act of the Collaboration unless the act of a greater number is required by law or the Articles of Incorporation of the Collaboration or these Bylaws.

(c) **Presumption of Assent:** A Consensus Maker present at a meeting of Consensus Makers at which action on any Collaboration matter is determined will be conclusively presumed to have assented to the action taken unless (i) his or her dissent was entered in the minutes of the meeting, or (ii) he or she filed a written dissent to the action with the Secretary or person acting as secretary at the meeting before adjournment.

(d) **Power to Determine Consensus:** The President, or the Vice-President in the President’s absence, shall determine whether Consensus has been reached.

**Section 13: Options if No Consensus is Reached:** In the event that Consensus is not reached on a point of decision, the President, or the Vice-President in the absence of the President, shall pursue one or more of the following avenues:

(a) Determine whether there is consensus to table the decision indefinitely.

(b) Request that additional information be prepared and made available for the Consensus Makers to foster a decision.

(c) Refer the matter to the Task Group for the purpose of discussion and recommendation.

(d) Solely as a last option when other options have failed and when there is a deadline for action which cannot be deferred, the President or Vice-President, as the case may be, may delegate the power and authority to make the decision to the Task Group. In such case, the Task Group shall proceed pursuant to Article IV, sections 7 and/or 8, as appropriate under the circumstances.

**Section 14: Participation at Meetings by Conference Telephone:** Consensus Makers may participate in and act at any meeting of Consensus Makers through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate with each other. Participation in such meeting shall constitute attendance and presence in person at the meeting of the person or persons so participating.

**Section 15: Informal Action:** Any action required to, or which may, be taken at a meeting of the Consensus Makers may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all the Consensus Makers. A consent expressly approving a proposed action submitted by a Consensus Maker via email shall be valid for purposes of this section.

**Section 16: Consensus Maker Conflict of Interest:**

(a) If a transaction is fair to the Collaboration at the time it is authorized, approved, or ratified, the fact that a Consensus Maker is directly or indirectly a party to the transaction is not grounds for invalidating the transaction.

(b) In a proceeding contesting the validity of a transaction described in subsection (a), the person asserting validity has the burden of proving the fairness of the transaction unless the material facts of the transaction and the Consensus Maker’s interest or relationship were disclosed or known to the Consensus Makers or Task Group or a committee consisting entirely of Consensus Makers and such transaction was authorized, approved or ratified by a consensus of disinterested Consensus Makers.

(c) The presence of the Consensus Maker who is directly or indirectly a party to the transaction described in subsection (a), or of a Consensus Maker who is otherwise not disinterested, may be counted in



determining whether a quorum is present but may not be counted when the Consensus Makers, Task Group, or committee takes or recommends action on the transaction.

(d) For purposes of this Section, a Consensus Maker is "indirectly" a party to a transaction if the other party to the transaction is an entity in which the Consensus Maker or an immediately family member of the Consensus Maker has a material financial interest or of which the Consensus Maker or an immediately family member of the Consensus Maker is an officer, director or general partner.

**Section 17: Employees and Agents:** The Consensus Makers may employ staff or retain an independent contractor(s) as necessary to serve the Task Group or the Collaboration. Any such staff or contractor may not be a Consensus Maker.

## **ARTICLE IV: TASK GROUP**

**Section 1: Authority and Role:** The Consensus Makers shall appoint a Task Group which shall identify methods for structuring meetings and exploring and proposing strategies and points of action for the Collaboration. The Task Group shall have no authority to act on behalf of the Collaboration except as specifically designated by a Consensus.

**Section 2: Membership and Composition:** The Task Group shall consist of no less than nine (9) and no more than eleven (11) Consensus Makers, and shall include all Officers. At least three (3) members shall be early childhood professionals, and at least three (3) members shall not be early childhood professionals. Further qualifications for membership shall be established by policies developed by the Task Force as recommended and adopted by a Consensus.

**Section 3: Term of Office:** Task Group members are appointed for staggered two-year terms, with no less than four (4) and no more than six (6) terms ending at the end of each fiscal year. Task Group members may serve no more than three (3) consecutive terms, though there is no limit on the aggregate terms that a Consensus Maker may serve as a member of the Task Group.

**Section 4: Resignation:** A Task Group member may resign from the Task Group at any time by giving written notice to the President or, in the President's absence, the Vice-President. Such resignation shall take effect when the notice is delivered unless the notice specifies a future date; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

**Section 5: Appointments and Removals of Task Group Members:** The Task Group shall have the sole authority to make recommendations to the Consensus Makers for the appointment of a new Task Group member or for the removal of an existing Task Group member. A Consensus is required to act upon any recommendation to appoint or remove a Task Group member.

**Section 6: Appointments and Removals of Officers and Committee Chairs:** The Task Group shall have the sole authority to make recommendations to the Consensus Makers for the appointment or removal of an Officer. A Consensus is required to act upon any recommendation to appoint or remove an Officer or Committee chair.

**Section 7: Consensus of the Task Group:** All decisions and recommendations of the Task Group shall be by consensus, as determined by the President or, in the President's absence, the Vice-President. Where consensus cannot be reached on a decision or recommendation, the Task Group may work to reach consensus by, among other methods, (a) postponing the decision or recommendation until a later date, (b) tabling the issue indefinitely, or (c) sending the issue to the Consensus Makers, with or without a recommendation, for further examination.

**Section 8: Failure to Reach Consensus; Voting:** Where a decision item for which there is a deadline which cannot be deferred has been delegated by the Consensus Makers to the Task Group and the Task Group is unable to reach a consensus, the President or, in the President's absence, the Vice-President shall call for a vote of the

Task Group. In such a case, the affirmative vote of three-fourths (3/4) of the Task Group is required to act. Voting may be accomplished orally, in person or telephonically, by proxy, by email, or by any other method allowed by Illinois law. Votes must be delivered in a timely manner in order to be counted. If a dispute arises about the timeliness of a vote, the President or, in his absence or where the disputed vote is the President's, the Vice President shall have the sole authority to determine whether a vote was timely.

**Section 9: Presumption of Dissent:** Where the failure to reach consensus on an action or recommendation requires a vote of the Task Group, a Task Group member will be conclusively presumed to have dissented to any action or recommendation on which a vote has been taken unless (i) his or her assent was entered in the minutes of the meeting, (ii) he or she filed a written assent to the action or recommendation with the person acting as the secretary of the meeting before adjournment, or (iii) he or she forwarded such assent by registered or certified mail, overnight courier, messenger, facsimile, email or other electronic delivery methods to the President immediately after the meeting adjourned.

**Section 10: Notice of Meetings:** The Task Group may hold meetings at scheduled or unscheduled times. All meetings of the Task Group shall be called by the President. Notice of each meeting shall be delivered by or at the direction of the President at least five (5) days, but not more than sixty (60) days, before the day on which the meeting is to be held. Notice may be given by any regularly accepted method permitted by law, including but not limited to regular mail, overnight courier, messenger, facsimile, email or other electronic delivery methods. Any objections as to the timing or form of notice may be waived in writing by a Task Group member either before or after the meeting. Attendance of a Task Group member at any meeting shall constitute a waiver of notice of such meeting except where the Task Group member attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. All notices of unscheduled meetings shall be accompanied by a description of the matters to be discussed or business to be transacted.

**Section 11: Participation at Meetings by Conference Telephone:** Task Group members may participate in and act at any meeting through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate with each other.

## **ARTICLE V: OFFICERS**

**Section 1: Designation:** The Officers of the Collaboration shall consist of a President, a Vice President, a Secretary, and a Treasurer, and such other Officers and assistant Officers as the Consensus Makers may authorize. The Officers shall be designated or appointed by the Consensus Makers at its annual meeting, or at any regular meeting or special meeting called for the purpose in the event of a vacancy. Any two or more offices may be held by the same person, except that President and Vice-President may not be held by the same person.

**Section 2: Term of Office:** An Officer is appointed for a one-year term and shall serve until his or her successor has been duly elected and qualified, or until his or her death, resignation or removal for cause in the manner provided in these bylaws. An Officer may serve no more than three (3) consecutive terms, though there is no limit on the aggregate terms that a Consensus Maker may serve as an officer and such Consensus Maker may follow a three-year term with up to three one-year terms in other officer roles.

**Section 3: The President:** The President shall be Chief Executive Officer of the Collaboration and, subject to the direction and control of the Consensus Makers, shall have general and active management of the affairs of the Collaboration. Internally, the President shall be known as the "Convener," and all actions taken, authorized, or ratified by or in the name of the Convener shall be the actions of the President. The President shall see that all orders, resolutions and directives of the Consensus Makers are carried into effect, except in those instances in which that responsibility is assigned to some other person by the Consensus Makers. The President shall execute bonds, mortgages and other contracts requiring a seal under the seal of the Collaboration. He or she shall have general superintendence of all other Officers of the Collaboration and shall see that their duties are properly performed, except in those instances in which the authority to execute is expressly delegated to another Officer or agent of the Collaboration or a different mode of execution is expressly prescribed by the Consensus Makers or these bylaws. The President shall from time to time report to the Consensus Makers all matters within his or her knowledge which

the interests of the Collaboration may require to be brought to their notice. The President shall also perform such other duties as may be assigned from time to time by the Consensus Makers.

**Section 4: The Vice President:** The Vice President shall have all the powers and perform all the duties of the President in the absence or incapacity of the President. He or she shall perform, also, such other duties as may be assigned to him or her from time to time by the Consensus Makers.

**Section 5: The Secretary and Assistant Secretary:** The Secretary shall (i) act as Secretary of the Consensus Makers and of the Task Group, (ii) give, or cause to be given, all notices in accordance with the provisions of these Bylaws or as required by law, (iii) supervise the custody of all records and reports and shall be responsible for the keeping and reporting of adequate records of all meetings of the Consensus Makers and the Task Group, (iv) be the custodian of the seal of the Collaboration, and (v) perform such other duties as may be assigned from time to time by the Consensus Makers. The Consensus Makers may designate an Assistant Secretary to fulfill the duties of the Secretary in the event the Secretary is unwilling or unable to perform such duties.

**Section 6: The Treasurer and Assistant Treasurer:** The Treasurer shall keep full and correct account of receipts and disbursements in the books belonging to the Collaboration, and shall deposit all moneys and other valuable effects in the name and to the credit of the Collaboration, in such banks of deposit as may be designated by the Consensus Makers. The Treasurer shall dispose of funds of the Collaboration as may be ordered by the Consensus Makers, taking proper vouchers for such disbursements, and shall render to the President, the Task Group, and the Consensus Makers, whenever they may require it, an account of all his or her transactions as Treasurer and of the financial condition of the Collaboration. The Treasurer shall also perform such other duties as may be assigned from time to time by the Consensus Makers. The Consensus Makers may designate an Assistant Treasurer to fulfill the duties of the Treasurer in the event that the Treasurer is unwilling or unable to perform such duties.

**Section 7: Delegation of Administrative Tasks:** An Officer may delegate reporting, administrative or custodial tasks to an agent or employee.

**Section 8: Resignation:** An Officer may resign at anytime by giving written notice to the President or the Secretary of the Collaboration. Such resignation shall take effect when the notice is delivered unless the notice specifies a future date; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

**Section 9: Removal:** An Officer of the Collaboration may be removed from office with or without cause by the Consensus Makers but such removal shall be without prejudice to the contract rights, if any, of the person so removed. Election or appointment of an Officer shall not of itself create any contract rights.

**Section 10: Vacancies:** Any vacancy in any office because of death, resignation, removal, disqualification or any other cause, shall be filled by the Consensus Makers, at the recommendation of the Task Group, at an annual or regular meeting or at a special meeting called for such purpose.

## **ARTICLE VI: COMMITTEES, ADVISORY BOARDS, OR OTHER BODIES**

**Section 1: Creation:** The Consensus Makers may create a committee, advisory board or other such body which may or may not have Consensus Makers as members, with or without the recommendation of the Task Group. Any such committee, advisory body or other body may not act on behalf of the Collaboration or bind the Collaboration to any action but may make recommendations to the Consensus Makers or the Task Group.

**Section 2: Chair:** One member of each committee, advisory board, or other such body shall be appointed chair by the Consensus Makers, with or without the recommendation of the Task Group.

**Section 3: Appointments:** The Consensus Makers, with or without the recommendation of the Task Group, may appoint persons to a committee, advisory board, or other such body or may delegate appointments to an existing committee, advisory board, or other such body or to its chair.

**Section 4: Term of Office:** Each member of a committee, advisory body or other body shall continue for such time as the member and Consensus Makers have agreed or the committee, advisory body or other body is terminated, or unless such member be removed by the Consensus Makers, or unless such member shall cease to qualify as a member thereof.

**Section 5: Vacancies:** Vacancies in the membership or chair of a committee, advisory body, or other such body may be filled by appointment in the same manner as provided in the case of original appointments.

## **ARTICLE VII: INDEMNIFICATION**

**Section 1: Indemnification in Actions Other Than by or in the Right of the Collaboration:** The Collaboration may, to the fullest extent permitted by law, indemnify any person who was or is a party, or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the Collaboration) by reason of the fact that he or she is or was a Consensus Maker, committee member, employee or agent of the Collaboration, or who is or was serving at the request of the Collaboration as an officer, director, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit or proceeding, if such person acted in good faith and in a manner reasonably believed to be in, or not opposed to, the best interests of the Collaboration, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he or she reasonably believed to be in, or not opposed to, the best interests of the Collaboration or, with respect to any criminal action or proceeding, that the person had reasonable cause to believe that his or her conduct was unlawful.

**Section 2: Indemnification in Actions by or in the Right of the Collaboration:** The Collaboration may, to the fullest extent provided by law, indemnify any person who was or is a party, or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the Collaboration to procure a judgment in its favor by reason of the fact that such person is or was a Consensus Maker, committee member, employee or agent of the Collaboration, or is or was serving at the request of the Collaboration as an officer, director, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including attorneys' fees) actually and reasonably incurred by such person in connection with the defense or settlement of such action or suit, if such person acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the Collaboration, provided that no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of their duty to the Collaboration, unless, and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability, but in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper.

**Section 3: Right to Payment of Expenses upon Success:** To the extent that a present or former Consensus Maker, employee or agent of the Collaboration has been successful, on the merits or otherwise, in the defense of any action, suit or proceeding referred to in Sections 1 or 2 of this Article VII or in defense of any claim, issue or matter therein, such person shall be indemnified against expenses (including attorney's fees) actually and reasonably incurred by such person in connection therewith, if that person acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the Collaboration.

**Section 4: Determination of Conduct Leading to Indemnification:** Any indemnification under Sections 1 and 2 of this Article VII (unless ordered by a court) shall be made by the Collaboration only as authorized in the specific case, upon a determination that indemnification of the present or former Consensus Maker, employee or agent is

proper in the circumstances because that person has met the applicable standard of conduct set forth in Section 1 or 2 of this Article VII. Such determination shall be made (i) by a Consensus of Consensus Makers who were not parties to such action, suit or proceeding, or (ii) if a Consensus of such Consensus Makers cannot be reached, by an affirmative vote of the Task Group pursuant to Article IV, section 8, which may rely, in its discretion, in the written opinion of independent legal counsel.

**Section 5: Payment of Expenses in Advance:** Expenses (including attorney's fees) incurred by a Consensus Maker, employee or agent in defending a civil or criminal action, suit or proceeding may be paid by the Collaboration in advance of the final disposition of such action, suit or proceeding, as authorized by the Consensus Makers in the specific case, upon receipt of an undertaking by or on behalf of the Consensus Maker, employee or agent to repay such amount, unless it shall ultimately be determined that such Consensus Maker, employee or agent is entitled to be indemnified as authorized in this Article VII.

**Section 6: Indemnification Not Exclusive:** The indemnification provided by this Article VII shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any agreement or under applicable law, both as to action in their official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a Consensus Maker, employee or agent, and shall inure to the benefit of the heirs, executors and administrators of such a person.

**Section 7: Insurance:** The Collaboration may purchase and maintain insurance on behalf of any person who is or was a Consensus Maker, employee or agent of the Collaboration, or who is or was serving at the request of the Collaboration as an officer, director, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against such person and incurred by such person in any such capacity, or arising out of their status as such, whether or not the Collaboration would have the power to indemnify such person against such liability under the provisions of this Article VII.

**Section 8: References To Collaboration:** For purposes of this Article VII, references to the Collaboration shall include, in addition to the surviving entity, any merging entity (including any entity having merged with a merging entity) absorbed in a merger that, if its separate existence had continued, would have had the power and authority to indemnify its officers, directors, employees, or agents, so that any person who was an officer, director, employee, or agent of such merging entity, or was serving at the request of such merging entity as an officer, director, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, shall stand in the same position under the provisions of this Article VII with respect to the surviving entity as such person would have with respect to such merging entity if its separate existence had continued.

## **ARTICLE VIII: BOOKS AND RECORDS**

**Section 1: Corporate Records:** The Collaboration shall keep at its registered office or at its principal place of business the original copy of its bylaws, including all amendments and alterations thereto to date, records of the minutes of the proceedings of the Consensus Makers, the Task Group, and committees having any of the authority of the Consensus Makers, and complete and accurate books or records of account.

**Section 2: Right of Inspection:** The books and records of account and records of the proceedings of the Consensus Makers may be examined by any Consensus Maker in person or by agent or attorney for any proper purpose, and to make copies or extracts there from, at any mutually agreed upon time.

## **ARTICLE IX: WAIVER OR REDUCTION OF FEES**

The Collaboration, being organized exclusively for charitable purposes under Illinois law, shall strive to make its services and products available to the appropriate general public without undue obstacles to access. It is the general policy of the Collaboration that any fees or charges associated with the charitable services or products of the Collaboration shall be waived or reduced in accordance with each recipient's ability to pay. The Task Group or any administrative staff which has been delegated that authority shall have the discretion to make such waivers or reductions, when appropriate, to ensure the maximum distribution of the Collaboration's charitable services or products.

## **ARTICLE X: MISCELLANEOUS**

**Section 1: Principal Office:** The principal office of the Collaboration in the State of Illinois shall be designated by resolution of the Consensus Makers. The Collaboration shall continuously maintain in the State of Illinois a registered office and a registered agent whose business office is identical with such registered office and may have other offices within or without the state.

**Section 2: Depositories:** All funds of the Collaboration not otherwise employed shall be deposited from time to time to the credit of the Collaboration in such banks, trust companies or other depositories as the Consensus Makers may designate.

**Section 3: Checks, Drafts, Notes, etc.:** All checks, drafts or other orders for the payment of money and all notes or other evidences of indebtedness issued in the name of the Collaboration shall be signed by such Consensus Maker or Consensus Makers, or agent or agents, of the Collaboration and in such manner as shall from time to time be determined by resolution of the Consensus Makers. In the absence of such determination by the Consensus Makers, such instruments shall be signed by the President and countersigned by the Treasurer of the Collaboration.

**Section 4: Fiscal Year:** The fiscal year of the Collaboration shall end on the last day of June of each year, or as otherwise designated by resolution of the Consensus Makers.

**Section 5: Delivery of Notice:** Any notices required to be delivered pursuant to these Bylaws shall be addressed to the person at his, her, or its address or relevant contact information as it appears on the records of the Collaboration, and may be sent by any method permitted by law including but not limited to United States mail, messenger, air or ground courier, or electronic transmission.

**Section 6: Execution of Documents:** No contract will be entered into, no loans will be contracted on behalf of the Collaboration and no evidence of indebtedness will be issued in the name of or on behalf of the Collaboration unless authorized or ratified by a Consensus. Such authority may be general or confined to specific instances. Except as otherwise provided by law, all checks, drafts, promissory notes, orders for the payment of money and other evidence of indebtedness issued in the name of the Collaboration and all contracts, deeds, mortgages, obligations and other instruments executed in the name of and on behalf of the Collaboration shall be executed and attested by such Consensus Maker or Consensus Makers, or agent or agents, of the Collaboration and in such manner as shall from time to time be determined by resolution of the Consensus Makers.

**Section 7: Gifts:** The Consensus Makers may accept on behalf of the Collaboration any contribution, gift, bequest or devise for the general purposes or for any special purpose of the Collaboration.

**Section 8: Not-for-Profit Operations:** The Collaboration will not have or issue shares of stock. No dividend will be paid, and no part of the money, property or other assets of the Collaboration will be distributed to Consensus Makers.

**Section 9: Compensation of Employees and Agents:** The Consensus Makers may fix the salaries or other compensation of agents and employees of the Collaboration, or may designate this function for any specific agent or employee to the Task Group or to others under the Task Group's supervision.

**Section 10: Limitations on Compensation and Reimbursement:** No Consensus Maker shall receive, directly or indirectly, any income, salary, compensation or pecuniary benefit from the Collaboration, except reimbursement from the Collaboration's funds for reasonable expenses incurred that, in the opinion of a quorum of disinterested Consensus Makers, were properly incurred in performance of such duties on behalf of the Collaboration, upon submission of proper documentation either to a quorum of disinterested Consensus Makers or, if such determination has been so delegated, to the Task Group.

**Section 11: Loans to Consensus Makers:** The Collaboration will make no loans to any of its Consensus Makers.

**Section 12: Construction:** If any portion of these Bylaws shall be invalid or inoperative, then so far as is reasonable and possible (a) the remainder of these Bylaws shall be considered valid and operative; and (b) effect shall be given to the intent manifested by the portion held invalid or inoperative.

**Section 13: Effective Date:** These Bylaws will be effective upon acceptance by a Consensus.

#### **ARTICLE XI: AMENDMENTS**

**Method of Amendment:** These Bylaws may be altered, amended or repealed, and new bylaws may be made and adopted at any annual or regular meeting of the Consensus Makers, or at any special meeting called for that purpose, by a quorum of Consensus Makers as defined in Article III of these Bylaws.

**DuPage Child Abuse Prevention Coalition**  
**SAMPLE: Operating Procedures**  
[RETURN TO TOC](#)

These operating procedures have been drafted by the DuPage Child Abuse Prevention Coalition members to guide work in service of our purpose. These Operating Procedures are meant to facilitate and support the work of the Coalition, the members of the Coalition will provide ongoing monitoring of these procedures to ensure they appropriately meet the organizational needs of the Coalition.

**Mission Statement**

The DuPage Child Abuse Prevention Coalition is an alliance of advocates organized to raise awareness and educate the community of the devastating realities of child abuse and neglect. The Coalition is committed to supporting local organizations in their efforts to prevent child abuse and neglect.

**Membership**

Any person that shares the philosophy of the Mission Statement, attends meetings or requests to be on the mailing list for the meeting announcements and minutes, shall be considered a member of the Coalition.

The Secretary will send a membership roster for organizational and informational updates to all persons on the membership list on an annual basis. Coalition members and/or organizations will be requested to make changes to this roster, as necessary at this time, if there are no changes, membership will stand as presented. Members of the Coalition on the current membership roster retain voting privileges and will be given the opportunity to vote via mail on matters brought to the full membership.

**Officers**

The Officers of the Coalition will be elected from the general membership. The Officers shall provide leadership, continuity and manage the Coalition for the general membership. The Officers of the Coalition will be composed of a Chair, Vice Chair, Treasurer, Secretary and three Members-At-Large, for a total of seven officers.

Term – Officers will serve two-year terms. Officers are eligible for re-election.

Vacancies – If a vacancy occurs, the remaining Officers will elect a successor, who shall serve until the next election.

Elections – Elections shall be held every two years, commencing January 2008. The Slate of Officers may be filled by self-nomination or by members nominating fellow members. Members will vote at the scheduled election meeting or by mail. Options for a mail vote include: email, facsimile or postal mail. A ballot containing the Slate of Officers will be sent via email to the general membership. If voting by mail, the member will complete and submit the ballot to the Coalition; envelopes, faxes and emails received 24 hours prior to the election shall be counted.

Duties of Officers –

The Chair will facilitate meetings, including the setting of the agenda, and co-sign official documents or correspondence along with the Executive Director of Positive, on behalf of the Coalition.

The Vice Chair will, in absence of the Chair, facilitate meetings and co-sign official documents or correspondence along with the Executive Director of Positive, on behalf of the Coalition. The Vice Chair will be responsible for investigating and reporting on public relations opportunities for the Coalition; as necessary, the Vice Chair can gather additional members to this responsibility and assign tasks.

The Secretary will be responsible for membership rosters, meeting notifications and agendas, and taking, distributing and maintaining minutes and official documents. The Secretary will prepare any documents related to organizational matters that are requested by the Positive Board of Directors. A binder of organizational



documents related to Positive and the relationship between Positive and the Coalition will reside with the Secretary, the Secretary will be responsible for bringing this binder to all Coalition meetings.

The Treasurer will maintain a complete and accurate account of all funds received and disbursed and prepare the monthly budget report. The Treasurer will be required to follow the financial procedures of the Coalition and the Fiscal Policies of Positive.

#### **Members-At-Large-**

The three Members-At-Large will attend meetings and provide input from the general membership. Each Member-At-Large will be assigned one of the three specific activities below, at the time of the election.

Member-At-Large One will be assigned to the liaison to Positive position. This position will be the non-staff link between Positive and the Coalition. At minimum, this position will: participate in quarterly meetings with Positive staff to discuss the status and future activities of the Coalition, complete a progress report for the Positive Board of Directors, a one page summary of the Coalition meetings and activities transpiring between Board meetings, and attend the Positive Board of Directors Annual Meeting to report on the strategic direction of the Coalition for the next year. The liaison will work directly with Positive staff to complete the progress report at least one week in advance of the next Board meeting. The liaison will work directly with Positive staff at least two weeks prior to the Annual Meeting to determine the content of the Coalition's report to the Positive Board.

Member-At-Large Two will be responsible for coordinating the collection of nominations for the slate of officers every two years. This position is not responsible for the actual nominations, instead taking the lead in the process of compiling the nominations into a ballot and forwarding the ballot to the Secretary for distribution. This position will also be responsible for managing in and outgoing mail that the Coalition receives and sharing it with the Coalition members, if applicable.

Member-At-Large Three will be responsible for maintaining the calendar of important dates from Prevent Child Abuse Illinois and Prevent Child Abuse America. This position will ensure that all events and deadlines are communicated to the Coalition and that steps are identified and tasks are assigned to members in order to meet these deadlines. This position will also be responsible in getting the Coalition's information out to the appropriate networks and adding the Coalition to appropriate mailings.

#### **Approval Process**

1. Each member of the coalition has one vote.
2. The members and officers present at the meeting will vote on the scheduled meeting date.
3. Items in front of the Coalition for approval will be considered decided upon with the majority of votes.
4. Results will be reported in that month's meeting notes and distributed to all members of the Coalition.

#### **Financial Procedures**

These procedures have been created to ensure the financial accountability of the members of the Coalition and compliment the Fiscal Policies of Positive Parenting DuPage. Any revisions to these financial procedures must involve the direct input of the Executive Director of Positive and be approved by the Executive Committee of the Positive Board.

The Coalition checking account will be maintained with the checking account for Positive; the Coalition's fund balance will reside in the Positive savings account and will post interest at the current rate for said Positive account.

Positive is authorized to disburse funds on behalf of the Coalition by a vote on the proposed expenditure at regularly scheduled Coalition meetings. When a decision on a expenditure arises that requires the attention of the Coalition before the next scheduled meeting, the expenditure must be voted upon by the Coalition officers, either via email, facsimile or postal mail. After the proper authorization is secured, the Treasurer requests the drafting of payments

by Positive staff. All checks for payment disbursement will require two signatures: the Executive Director of Positive and the Coalition Chair.

In accordance with the Fiscal Policies of Positive, any checks over \$1,000, without a contract previously approved by the Board, will require a third signature, from a member of the Positive Board of Directors' Executive Committee.

### **Activities**

Meetings will be scheduled on a monthly basis. Meetings may be changed or canceled at a prior meeting or by written or oral notification. Meeting locations will be announced at the previous meetings or by written or oral notification. Agenda items may be submitted to the Chair or Secretary five days prior to the meeting. Meetings will consist of committee updates, agency information sharing, old business and new business.

The Coalition may charge an attendance fee for professional seminars/trainings/public events. Fees will be approved by the general membership at regularly scheduled meetings.

The Coalition may request changes to or dissolve their organizational relationship with Positive Parenting DuPage in accordance with the current year's executed Organizational Agreement. The Organizational Agreement states: 'Changes in this Agreement may be requested by either party, and shall be in writing and served on the other party within 30 days of the date of the requested change. Cancellation of this Agreement may be requested by either party and shall be implemented only pursuant to a mutually agreed upon timetable. A request for cancellation by either party must be made in writing and submitted within 90 days of the date of the requested change.'

### **Amendments**

Proposed amendments to these Operating Procedures must be brought to the Coalition for review and discussion at a regularly scheduled meeting. The proposed amendment will be outlined in the meeting minutes, which will be sent to the full membership via email within one week of the meeting date. The proposed amendment will be voted upon at the next regularly scheduled meeting, the date, time and location of which will be stated in the minutes.

## SECTION II: CREATING AND SUSTAINING A SHARED VISION

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A shared vision is at the core of a successful collaboration. A shared vision creates a common identity that brings all the collaborative members together around a common purpose and provides the framework from which all specific tasks, decisions and projects evolve. If members of a collaborative do not truly share a vision, they simply “sign up” for someone else’s vision. At most, such a vision will bring compliance. To ensure commitment from all members, collaboratives need a shared vision, where all members have the same dream for service provision or for meeting community goals. Developing such a vision requires ongoing discussions where individuals feel free to express their ideas and dreams until there is some consensus about which direction the collaboration wants to head.

For community collaboratives, the process of developing a joint vision involves looking beyond the existing service system to develop a more comprehensive picture of what it would mean to create a happy, healthy community for families and children.

In this section, members establish common ground by exploring the goals and needs of the community and developing a mission and goals. The following is a list of potential tasks for this section. Each task will be further defined, followed by available tools.

- A. Learn About Each Other**
- B. Develop A Communications System**
- C. Assess Community Needs**
- D. Develop A Strategic Plan**

## **A. Learn About Each Other**

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By recognizing each member's strengths, the collaboration can function as a team. Members often bring shared experiences to the collaboration, and it can grow from existing personal relationships among members. Coming together, members can help recognize and remedy gaps in knowledge, service and expertise. These tools are designed to begin an ongoing dialogue between members that will grow over time.

Tools included in this section:

- INFORMATION TO BE SHARED BY ALL COLLABORATIVE MEMBERS: ORGANIZATIONS
- INFORMATION TO BE SHARED BY ALL COLLABORATIVE MEMBERS: INDIVIDUALS
- ACTIVITY - THE BALLOON GAME

**INFORMATION TO BE SHARED BY ALL COLLABORATIVE MEMBERS: ORGANIZATIONS<sup>1</sup>**  
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<p>Our allies, supporters and other connections in the community (include funding organizations)</p>	<div><p><b>Organization:</b></p><p><b>Mission:</b></p></div>	<p>Our programs and services:</p>
<p>What our organization hopes to gain from the collaborative:</p>	<div><p><b>Representative:</b></p><p><b>Rep's decision-making authority:</b></p></div> <div><p><b>What I (the rep) hope to gain from the collaborative:</b></p></div>	<p>What we hope the community will gain from the collaborative:</p>

<sup>1</sup> Adapted from “Building Community Collaboratives,” Family Resources Coalition of America, p. 24

## INFORMATION TO BE SHARED BY ALL COLLABORATIVE MEMBERS: INDIVIDUALS<sup>1</sup>

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<p>The community activities I engage in:</p>	<div data-bbox="596 308 1071 737"></div> <p>Name:</p>	<p>My friends, family and other connections in the community:</p>
<p>What I hope to gain from the collaborative:</p>	<p>What I hope the community will gain from the collaborative:</p>	

<sup>1</sup> Adapted from “Building Community Collaboratives,” Family Resources Coalition of America, p. 25

**ACTIVITY: THE BALLOON GAME<sup>1</sup>**  
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Try this team building activity at your next collaborative meeting to learn more about the leadership styles of members. This works best as an energizer after lunch or to revive a group during long meetings.

**Time:** 10 – 15 minutes.

**Materials:** About 10 inflated balloons

**Directions:** Ask the group to form a circle. Throw one balloon into the air and ask the participants to keep the balloon in the air. Begin to add more balloons, one by one. Each time a balloon is added, instruct the group to keep all the balloons in the air. This is the only instruction or rule.

Observe various behaviors in the group. Look for cheerleaders, planners, people who dive into the middle, people who back away from the process. Stop the game when the group is overwhelmed, it gets too crazy or dangerous, or the group lets all the balloons fall.

**Debrief Discussion:**

In playing the game, what did you observe about your personal leadership style?  
What behaviors did you observe in yourself or others that relate to collaboration?  
What are the parallels between the game and leading a collaborative?

**Note:** Sometimes it is OK to let all the balls drop! You can always pick them up and start again

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<sup>1</sup> Center for Collaborative Planning, a center of Public Health Institution. [www.connectccp.org](http://www.connectccp.org)

## **B. Develop A Communications System**

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Methods for internal communication are important to keeping members current on issues that involve the work, especially if meetings are infrequent or membership is diverse. Tools such as Meeting Wizard and other internet-based methods of communication have helped many collaboratives coordinate with their members. Additionally, the collaboration should consider and agree on methods for external communication; this can be through local media, electronic or paper newsletters, public events, or community outreach. Listed below is a list of innovative ways to reach community members.

Tools included in this section:

- COLLABORATIVE NEWSLETTER
- SPREADING THE WORD: 40+ WAYS TO REACH PEOPLE



**Sample**

COLLABORATIVE NEWSLETTER

Make it look official

# Futures in Families

A Newsletter for the Families First Collaborative of Middlesex County

Include urgent projects

*June, 2001 Volume IV, Issue 6*

**A Message from Your Collaborative's Coordinator...**

Hi everyone! I hope you're all surviving the summer heat... The current heat wave is a challenge to our community. Our many elderly residents and young children are particularly vulnerable right now, and we need to combine resources to help them out. We are setting up summer cooling centers in several locations:

- Grace Church
- Westville Family Resource Center and
- Central High School

We are also distributing fans and air conditioners to the neediest families we serve as soon as they are donated. Please call Pam Young with your donations or referrals: 555-7868.

Finally, the Summit Health Clinic has put together a brochure on "Beating the Heat" which they have been able to distribute free of charge with a grant from the County Public Health Department. Please call Jonathan Cahn with your orders so you can distribute it at your program: 555-9732.

Stay Cool!  
Ed Beecham  
Coordinator

**Community Forum to Discuss Health Care Reform**

Coordinators of Families First's next community forum hope to gather dozens of local law-makers and officials and hundreds of community residents to discuss the community's hopes for health care reform. The forum is being hosted by the entire Families First collaborative and will take place at the Middlesex town hall, Saturday, July 14, at 2:00 p.m.

Please contact José Ramirez if you are interested in helping to plan the event or frame the discussion: 555-3784. Contact Jessie Fischer if you would like to attend or and if you are in a wheelchair and think you may need assistance.

Include upcoming events

Give dates, times, and contact information

## Mark Your Calendars!

June/July 2001

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
June 10	11	12	13 Board Meeting @ 6	14	15	16
17	18	19	20	21	22 Open House at Su Casa 2-4	23
24 6th Street Block Party @ 5	25	26	27	28	29	30
July 1	2	3	4 Happy Fourth!	5	6	7

Remind members of events

Spread good ideas

From "Building Community Collaboratives," Family Resource Coalition of America, p. 29.

## TIPS: SPREADING THE WORD: 40+ WAYS TO REACH PEOPLE<sup>1</sup>

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There are many creative ways to reach your target population. The following suggestions are adapted from *Outreach Works* by Michael DeChiara, Ellen Unruh, Tom Wolff, and Anne Rosen of AHEC/Community Partners, which describes a program to increase health insurance enrollment in Massachusetts. The strategies can be revised for different populations and goals.

**Use word of mouth.** The best source of a referral is someone who was helped and thought the service you offered was good. Encourage your users to "Tell a friend about us". Getting user referrals is a true indication of a program's penetration into a community.

**Identify and target "gatekeepers" who affect your population's ability to participate.** In rural areas or some cultures, for example, fathers are often seen as "gatekeepers" for the entire family. If they say no, no one in the family will take part. Directly reach out to fathers, mothers, grandparents or teens - whoever you can identify as gatekeepers /decision-makers.

**Take advantage of your board of directors and supporters.** These people can "talk up" your project in the community and help create an action plan to increase awareness.

**Offer a toll-free telephone number.** Especially in rural and/or large service areas, 800-number service increase an individual's ability to call without long-distance phone costs.

**Distribute or conduct a survey concerning your issue.** Surveys provide a vehicle for communication with individuals or households. You can distribute a survey in schools (with permission from the principal or school district), at community events or one-to-one on the street. Keep questions simple and request contact information for follow-up.

**Use the most appropriate channels for your effort and population:**

**Place inserts in local/regional newspapers.** Distribution of inserts/flyers in local papers is cost effective and allows for broad distribution. They reach many people who would not otherwise see your material, in a non-stigmatizing manner. Use the free newspaper if one exists in your community.

**Place inserts into utility bills.** Use the distribution capacity of gas, electric, water or phone companies by having flyers inserted in their bills. This gets the word out to many households in a non-stigmatizing way, and can be low-cost or free.

**Use commercial mailing services to reach your community.** Val-Pak coupon mailings reach thousands of households at a reasonable cost. Company staff often assists with details like layout of your insert.

**Advertise on milk cartons.** This reaches many homes and is a good local form of advertising.

**Send information home with report cards or place it in school registration materials.** Work with local schools to send flyers home with children's report cards or other "must see" school communications.

**Create a display window in prominent areas.** Put your information in a window on a well-traveled street, at a popular gathering area, or in a bus depot.

**Advertise on local billboards.** Billboards showing local people and/or phone numbers located in high-traffic areas can dramatically increase awareness.

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<sup>1</sup> From the Community Tool Box, University of Kansas, <http://ctb.ku.edu>.

**Advertise on radio and cable TV stations in your community.** If you know your target community, you will know where they seek entertainment and news. Many communities or ethnic/cultural groups have preferred stations that provide a credible and concentrated venue for your message.

**Use children's artwork in your promotional material.** Children's artwork uses unconventional language and has community appeal.

**Provide info in welcome packets to new residents.** Use the existing community "Welcome Wagon" if possible.

**Place information on store/ATM receipts.** These advertising efforts can be affordable and targeted.

**Use businesses that distribute products in the community.** Get flyers/inserts in supermarket shopping bags or in take-out food containers, such as pizza boxes. These messages reach many people throughout the community in a non-stigmatizing manner, at low cost to you.

**Advertise in restaurants.** Place your program's message on food tray liners or paper placemats at restaurants. This provides a non-traditional context for getting the message to many people in a non-stigmatizing and potentially fun setting.

**Distribute flyers in back-to-school shopping bags.** Take advantage of seasonal or natural activities like back-to-school shopping. (Depending upon the size of the store, this might require approval from central office.)

**Post flyers with tear sheets everywhere possible around town.** Flyers are a mainstay of outreach. Providing tear-offs" (tab on the bottom of the sheet that people can tear off and take with them) is most effective. Post flyers everywhere: Laundromats, bus stations, grocery stores, libraries, thrift shops, campgrounds, playgrounds, town halls, and other public places your population gathers or visits.

**Seek out audiences likely to be eligible for your program.** Find those with a high likelihood of being eligible for your service or product due to their participation in other programs, and contact them through mailings, door knocking, or phone calls. These could include self-pay individuals at the emergency room, households using fuel assistance or receiving subsidized child care, employees at large companies with low paying jobs (such as day-care providers and nurses' aides) or those at large companies that offer less-than-full-time jobs with few or no benefits.

For groups whose identities must remain confidential and are not directly accessible to you, be creative within necessary limits. With children in a school lunch program, for example, provide the staff overseeing the program with prepared information and ask them to distribute as they see fit.

**Hold raffles at community events.** Raffle off a desirable item as a way to collect names of people interested in getting more information about your service or simply to engage people in discussion. Anyone is eligible to take part in the raffle if they fill out a short questionnaire that asks questions related to your problem and if they want to be contacted with more information.

**Use a "loss leader".** Offer a service, an item or information that will attract people to contact you. Provide non-stigmatizing service (such as preventive health screening) to bring you into contact with people who would otherwise stay away.

**Participate in national promotional campaigns.** Create activities to tie in with the Great American Smokeout, National Alcohol and Drug Addiction Recovery Month, National Breast Cancer Awareness Month, or even Grandparents Day to bring awareness to your program. Many of these campaigns provide materials to help develop community forums, articles, media events, exhibits, banners, and the like.

**Be creative and interactive at health fairs and community events.** These are common places for outreach efforts, but they have mixed results. To increase effectiveness, provide incentives for people to take information, fill out a

questionnaire, or complete an application. These may include raffles, small gifts for children or adults, or children's activities. Have unusual attention-getting table displays or have staff wear costumes or eye-catching attire, such as t-shirts saying, "Need free or affordable health care? Talk to me."

**Staff tables at job/employment fairs.** Unlike health or community fairs, job fairs are oriented toward people looking for work. This different focus tends to draw people who may not attend other types of fairs and may be eligible for your program. Job fairs also offer a setting not directly associated with one's neighbors, so those people you engage feel freer to seek information and/or speak with you.

**Sponsor everyday activities in the community.** There are activities or functions that are so commonplace that they are often overlooked, yet they reach many people in your target group. If your effort targets children, for example, sponsor "snow day" announcements on the radio or television during winter months when every parent is listening or watching.

**Sponsor local sports activities.** Community sports involve many people. Sponsoring advertisements through Little League or the local bowling alley will reach many families and youth.

**Use existing programs for your population to extend your reach.** One group in Massachusetts asked local businesses or institutions providing children's programming, such as ballet and karate schools, to put a sticky label on all their registration forms for health insurance. The labels encouraged parents to call for more information about health coverage. Pre-printed labels are easy to supply and a minimal hassle for those agreeing to use them on their materials.

**Attend immunization days.** Do outreach when school children receive their immunizations. Those who come to county health centers and other sites could be eligible for your program.

**Contact child care providers.** Contact providers with information for the children and families they serve. As with other low-paying, benefit-poor jobs, child care providers may also need your services for themselves or their children. Ask about their own families once you've established contact.

**Provide information to local police.** Local police come in contact with many people who may need services of various types, such as victims of domestic violence.

**Offer training for doctors and their office staff for schools and their staff.** Put together a pleasant experience like a luncheon or coffee for local health care providers or others who work with your population alert them to your program. Don't overlook office managers, secretaries and others in the organization that might spread the word.

**Use pharmacists (or other appropriate professionals) as allies.** Pharmacists are often on the front line for knowing who has health care needs. Encourage them to post flyers/information on their counters or distribute them to those they serve, and/or set up an information table at a local pharmacy.

**Provide trainings and information within the court system** (including divorce court and victim assistance programs). In the case of health insurance, these avenues can lead you to people who are anticipating a drop in income or losing insurance that was available through their spouse. Juvenile and other types of court proceedings may lead to connections with your target population. Making information available to court clerks is an important link.

**Outreach to the prison population.** Outreach to pre-release inmates in correctional institutions requires special permission, but it can be effective.

**Hit the streets, talk with people one-on-one.** Go to where people live, congregate and shop to engage them one-on-one. Establishing this type of contact is hard, but it works. There is no substitute for being out in the community and meeting people. Good places to go include supermarkets, laundromats, libraries, parks, and community events.

**Hold off-hour/weekend coffees.** Create a low-key gathering by offering informational coffees in towns and neighborhoods. These are best held on weekends or evenings and can be held in town halls, places of worship, or other gathering places. This works well for programs with small budgets and/or large service reaps.

**Facilitate your process with portable electronics.** If you need original documents (birth certificates, pay stubs, etc.) that people are understandably unwilling to give up, use portable scanners, copiers, or digital cameras to capture information during an outreach visit or presentation. Bring a cell phone with you to track down a contact or make an appointment.

**Work with local agencies-let them know you can help.** Many community social service agencies are overwhelmed and understaffed. Contact these allies and let them know how your program can help their clients. Emphasize that you are there to help rather than make more work. Post your flyers at their sites for consumers and staff to see. If you have time, do training for their staff and leave behind informational materials.

**Above all: be creative in seeking partnerships.** Work with services and agencies that connect with your population. Where are the best places to reach them?

- If you're running an adolescent pregnancy prevention program, look into schools, coffee houses, music stores, video stores.
- If you're trying to reach uninsured people who need health care, take your outreach to soup kitchens, drop-in shelters and county health centers.
- There are probably less obvious places to connect with your users, if you think about the activities of their daily lives and other organizations they come in contact with.
- For example, the health insurance enrollment program in Massachusetts considered a variety of potential partners that could help get their message about insurance enrollment to the right people:
  - Medical billing services could insert flyers in mailing to families known to without insurance. It is the billing company's interest to see that the bills are paid.
  - "Temp" employment agencies could inform their employees since people working as temps often have no benefits. The information may also help the agency retain employees.
  - Schools can place flyers or stickers on school registration materials because parents are already thinking about insurance. Outreach workers can attend kindergarten registration in the spring/summer.
  - Hospitals can get information to new parents.
  - Video stores can provide health insurance information with every child-oriented video that is rented.

### **C. Assess Community Needs**

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Effective planning begins with a solid assessment of the community's resources, strengths and needs. A community assessment will provide the collaboration with information to evaluate the current system's capacity to provide services and build community support for and involvement in the collaboration's work. Getting input from as many sources as possible will ensure that the collaboration's mission is responding to the needs of its community. The following is a list of potential tools and models for conducting a community assessment for your collaboration.

Tools included in this section:

- IS A COMMUNITY ASSESSMENT NEEDED?
- COMMUNITY ASSESSMENT AND REASSESSMENT OF EARLY CHILDHOOD NEEDS AND RESOURCES
- PROGRAMMING INVENTORY
- COMMUNITY DESCRIPTION WORKSHEET
- BUILDING BLOCKS ONLINE COMMUNITY ASSESSMENT TOOL
- CONDUCTING FOCUS GROUPS
- CONDUCTING PUBLIC FORUMS AND LISTENING SESSIONS
- AOK NETWORKS: REPORT SAMPLING

## IS A COMMUNITY ASSESSMENT NEEDED?

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If your collaborative is considering conducting a community assessment or is unsure if you need or want to do an assessment, below are a few things to consider;

Needs assessments are not always necessary or appropriate for meeting your collaboration's objectives. A needs assessment may be useful when:

- Your group is just starting out
- There is doubt as to what the most important needs are
- Group members disagree on what the most important needs are
- You need to convince outside funders or supporters that you are addressing the most important community problems

A needs assessment may not be the best use of resources when:

- There is absolutely no doubt as to what needs to be done
- It is urgent to act right now
- An assessment has been done recently
- You feel the community would see an assessment as redundant or wasteful

## COMMUNITY ASSESSMENT AND REASSESSMENT OF EARLY CHILDHOOD NEEDS AND RESOURCES<sup>1</sup>

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The tool is designed to help city officials and other community leaders gain a better understanding of how young children and their families are faring and where assistance is needed. It can be used as the first step in developing a local agenda around early childhood to evaluate the success of current initiatives or to focus future strategies to help improve outcomes for young children. This tool was adapted to focus on young children (under age five) and is customized to Illinois data and demographics. The community assessment is meant to be a flexible guide for city/community leaders to investigate the state of early childhood in their community. Therefore, feel free to adapt the tool to your community's specific goals.

**The community assessment has two sections:**

- I. Condition of Young Children:** Indicators and resources aimed at providing an overview of the well-being of children under age five. See **Data Guide** for assistance with data sources and alternate measures.
  - A. Demographic, Social, and Environment Indicators**
  - B. Health Indicators**
  - C. Program Indicators:** Early childhood programs available in the community and the number of children they serve.
  - D. Inventory of Local Childhood Resources:** Resources available for young children and their families in the community.

### NOTES:

- *Use the indicators listed as a guide.* If your locality does not collect some of these data, or does not have it broken down at the community-level, do not be overly concerned. Use alternate measures or add other available data that will help provide a picture of the conditions of young children in the community.
- *Create a more comprehensive inventory* by using the blanks under each category to record specific program names, services, or other activities that are not listed. Identifying key contacts at these organizations or programs can also be helpful.
- *Consider collecting detailed information* about each program in the community.

- II. Condition of Our Community:** A list of statements and questions that can be used to help focus discussions with various community stakeholders, including early childhood service providers and other key stakeholders.
  - A. Rate these Statements:** Statements aimed at guiding assessment of the community's readiness to respond to its early childhood needs.
  - B. Open-Ended Questions:** Questions aimed at guiding the discussion on early childhood needs with community stakeholders.

**NOTE:** View these discussions as an opportunity for engaging constituents in a meaningful way around early childhood issues.

Listed below are some general suggestions about the community assessment process:

- **Consider using a team approach** to the assessment. Since data and other information about local resources will most likely come from a variety of sources, it may be helpful to bring key experts (both within and outside city/county government), data suppliers and other knowledgeable partners together to work on the assessment as a group, rather than requiring one person to track down all the information
- **High-level leadership** from a mayor or city/town councilmember can help secure buy-in from the agencies and partners needed to collect data and other important information for the assessment.
- **Provide opportunities to reflect on the information gathered.** After completing the community assessment, do not just file it away! Instead, set aside time to discuss the results with other municipal leaders, staff from key city agencies, and stakeholders. Use these sessions to determine priorities, develop strategies, and build support for taking the next steps to address early childhood needs identified by the assessment.

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<sup>1</sup> Adapted from the National League of Cities. [www.nlc.org/iyef](http://www.nlc.org/iyef)



## Part I: Condition of Families with Young Children

For each indicator, program, or resource listed in the tables below, locate community-level data, whether city or county, on children under age five. Refer to the Data Guide at the end for assistance with data sources and alternate or additional measures. Space is available to include additional indicators, programs, and resources.

Our community is defined as (i.e. County or City): \_\_\_\_\_

Indicator	Numeric Value	Notes	Data Date
<b>A – Demographic and Social – Indicators taken from Census, ACS, IECAM, and Chapin Hall Center for Children see Data Guide Section</b>			
Number of children under age five			
Percent of families with children under age five			
Percent of children under age five living in poverty			
Number of households speaking Spanish or other language at home & are linguistically isolated			
Median family income			
Number of children age five and under below 185% Federal Poverty Level (FPL)			
Number of children age five and under below 200% FPL			
Percent of population five years and over that speak a language other than English at home			
Of those that speak a language other than English at home, what percent speak English less than very well			
<b>B – Health – Indicators taken from IPLAN, IDPH Health Stats, IL DCFS, CDC, and HRSA see Data Guide Section</b>			
Percent of infants born with low birth-weight			
Percent of children covered by health insurance 0-5 years old			
Percent of 2 year olds who were immunized			
Percent of mothers who smoke during pregnancy			
Percent of mothers who drink during pregnancy			
Teen birth rate (reported cases per 1,000 children)			
Percent of mothers beginning prenatal in the 1 <sup>st</sup> trimester			
Percent of births by cesarean section			
Infant Mortality Rate			
Percent of children with special healthcare needs (CSHCN) 0-5			

years old			
Child abuse and neglect rate for children 0-5 years old (reported cases per 1,000 children)			
Percent of children 6 years old and younger with elevated blood lead levels (based on number of children tested)			
Percent of children 3 years old and younger with elevated blood lead levels (based on number of children tested)			
Number of Medicaid deliveries			
Percent of children with dental exams, caries experience, untreated decay, urgent treatment, sealants			
Breastfeeding initiation rates			
Breastfeeding 6 month duration rates			
Maternal oral health care			
<ul style="list-style-type: none"> <li>• Needed to see a dentist for a problem</li> </ul>			
<ul style="list-style-type: none"> <li>• Dental/health care worker spoke about care of gums and teeth</li> </ul>			
<ul style="list-style-type: none"> <li>• Visited dentist or dental clinic</li> </ul>			

<b>C – Programs – Indicators taken from IECAM – see Data Guide Section</b>		
	<b>Total Number of Children Served in Your Community</b>	<b>Notes</b>
Early Head Start: home-based		
Early Head Start: center-based		
Head Start		
ISBE PreK/Preschool for All		
ISBE 0-3 Programs, home-based*		
ISBE 0-3 Programs, center-based*		
Licensed Child Care Centers		
Licensed-Exempt Child Care Centers		
Licensed Family Child Care Homes		
Healthy Families Initiative (HFI)		
Parents Too Soon (PTS)		
Joint Program (HFI and PTS)		
Early Intervention (EI)		
Part B (Special Education) Caseload – contact your local school district		

Percent of first graders promoted to the next grade – contact your local school district		
*May need to contact programs directly		
<b>D – Inventory of Local Early Childhood Resources – <i>Indicate resources available within your community</i></b>		
	<b>Available? Y or N</b>	<b>Notes</b>
<b>Parent Education/Support</b>		
Family Resource Centers		
Parenting Classes		
Family Literacy Programs		
<b>Early Care and Education</b>		
Child Care Research and Referral (CCR&R)		
Child and Family Connections (CFC)		
<b>Child Health and Safety</b>		
Family Case Management (FCM)		
Food Stamps		
WIC		
Safety Seat Programs		
Smoke Detector Distribution		
Lead Abatement		
FQHCs		
Local Health Department		
Community Health Centers		
Pediatric Practices		
Birthing Hospitals		
<b>Social Services</b>		
Counseling		
Transitional Housing		
Food Pantries		
Neighborhood Resource Centers		
Basic Needs Services		
<b>Faith-Based Services</b>		
<b>Others:</b>		

## Part II: Condition of Your Community

In each section below, consider the early childhood resources and needs of your community. Consider your community's readiness to respond to its unmet needs, as well as how its readiness can be enhanced. We recommend using a team approach to these questions by including key contacts from a variety of partners, as well as high-level leadership. The answers to these questions offer an opportunity to reflect on the condition of your community and to identify next steps.

### Part A: Rate These Statements

Use this section to assess your impression of your community's readiness to respond to its early childhood needs.

Statement	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
My community is ready to tackle early childhood issues.					
What is the evidence of this? _____ _____					
There is a general awareness of the importance of successful early childhood in your community.					
How do you know this? _____ _____					
I anticipate sources of resistance to municipal action to promote early childhood success.					
What is the nature of the anticipated resistance? _____ _____					
There is significant need for more quality child care and early education opportunities in my community.					

### Part B: Open-Ended Questions

Use these questions to help focus discussions with various community stakeholders, including early childhood service providers and other key stakeholders. View these questions as an opportunity for engaging constituents in a meaningful way around early childhood issues.

#### Questions for All Community Stakeholders

- What types of people/organizations in your community are important to have “at the table” when designing an early childhood agenda? (i.e. who are your key thought leaders?)
- What are some potential barriers to, and opportunities for, reaching out to parents of young children in your community?
- What is the nature of your linkage with the schools?
- What are the biggest unmet needs for young children and families? How do these relate to the data on the condition of young children that is collected in your community?
- Is there an existing coalition or other mechanism that promotes communication and coordination among providers of early care and education, health services, and parent support programs in your community? If so, what is it? How does it work?

## **Data Guide: Sources and Alternate Measures**

(This is not an exhaustive list, but a potential place to start collecting data)

### **❖ Number of children under age five**

For Illinois (non-Chicago) IECAM data (uses 2005 census data estimates):

- 1) Go to <http://iecam.crc.uiuc.edu> and click on “Search Data”.
- 2) Select the Region/Municipality/County.
- 3) Under the “Demographics” column, check the box next to “Population.”
- 4) At the bottom of the same column, click the “Submit” button.

For ACS, American Community Survey (2005 – 2007) data (Please note: This is a survey, not census data):

- 1) Go to [www.census.gov](http://www.census.gov) and click on “American Community Survey.”
- 2) On right side of screen, under “Get Data,” click “American Fact Finder (AFF).”
- 3) Select “Data Profiles.”
- 4) Select Geographic Area (state, county, congressional district, elementary or secondary school district).
- 5) Select “Demographic” characteristics and search table for data.

**Please note: ACS data is survey data, collected between 2005 and 2007. While ACS data is more up-to-date, it is not census data, which is currently available through the 2000 census only.**

For Chicago communities: Chapin Hall Center for Children – Early Childhood Programs Supply and Demand

- 1) Go to <http://dcys-ccsd.chapinhall.org/index.html> and select Community Area Profiles
- 2) Select an area and “Child Population & Eligibility”

---

### **❖ Median family income**

For ACS, American Community Survey (2005 – 2007), data:

- 1) Go to [www.census.gov](http://www.census.gov) and click on “American Community Survey.”
- 2) On right side of screen, under “Get Data,” click “American Fact Finder (AFF).”
- 3) Select “Data Profiles.”
- 4) Select Geographic Area (state, county, Congressional District, elementary or secondary school district).
- 5) Select “Economic” characteristics and search table for data.

---

### **❖ Number of children age five and under below 185% Federal Poverty Level (FPL)**

### **❖ Number of children age five and under below 200% FPL**

For Illinois (non Chicago) IECAM data (uses 2005 census data estimates):

- 1) Go to <http://iecam.crc.uiuc.edu>, and click on Search Data.
- 2) Select the Region/Municipality/County.
- 3) Under the “Demographics” Column, check the box next to “185% Federal Poverty Level” and “200% Federal Poverty Level”
- 4) At the bottom of the same column, click the “Submit” button.

---

### **❖ Percent of population five years and over that speak a language other than English at home**

### **❖ Of those that speak a language other than English at home, what percent speak English less than very well.**

For ACS, American Community Survey (2005 – 2007) data:

- 6) Go to [www.census.gov](http://www.census.gov) and click on “American Community Survey.”
- 7) On right side of screen, under “Get Data,” click “American Fact Finder (AFF).”
- 8) Select “Data Profiles.”
- 9) Select Geographic Area (state, county, congressional district, elementary or secondary school district)
- 10) Select “Social” characteristics and search table for data.

---

### **❖ Percent of households with children under age five**

For Census 2000 data:

- 11) Go to [www.census.gov](http://www.census.gov) and click on “American Fact Finder.”
- 12) Under the “Data Sets Menu,” box choose “Summary File 1.”
- 13) Choose “Quick Tables” from the list on the right-hand side of the page.
- 14) On the next screen, make sure “List” is indicated for “Choose a Selection Method.”
- 15) Next, choose your state from the “Select a State” drop-down menu. Wait for the page to reload.
- 16) Select one or more geographic areas and click “Add.” When you have selected all of the areas of interest, click the “next” button at the bottom of the page.
- 17) On the table, select the “P34: Family Type and Presence of Own Children” category. Click “Go” on the right side of the box. Allow the page to refresh.
- 18) To capture all families with children under age six you must add together the percentages for “Under 6 years only” and “Under 6 & 6-17 years” in the next box.
- 19) Click on “Show result.”

---

❖ **Percent of children under age five living in poverty**

IECAM has numbers of children living in poverty in Illinois, by county/region, while Chapin Hall has number of children under 6 by household income with percentages at or below the federal poverty level.

For IECAM data, which uses 2005 Census data estimates:

- 1) Go to <http://iecam.crc.uiuc.edu>, and click on Search Data.
- 2) Select the Region/Municipality/County.
- 3) Under the “Demographics” Column, check the box next to “Population.”
- 4) Choose the poverty level you are interested in, and check the box next to it.
- 5) At the bottom of the same column, click the “Submit” button.
- 6) The rightmost column contains the number of children at or below that poverty level.

For Chicago communities: Chapin Hall Center for Children – Early Childhood Programs Supply and Demand

- 3) Go to <http://dcys-ccsd.chapinhall.org/index.html> and select Community Area Profiles
- 4) Select an area and “Child Population & Eligibility”

For ACS, American Community Survey (2005 – 2007) data (Percent of children under age five in families living in poverty):

- 20) Go to [www.census.gov](http://www.census.gov) and click on “American Community Survey.”
- 21) On right side of screen, under “Get Data,” click “American Fact Finder (AFF).”
- 22) Select “Data Profiles.”
- 23) Select Geographic Area (state, county, congressional district, elementary or secondary school district)
- 24) Select “Economic” characteristics and search table for data.

---

❖ **Percent of infants born with low-birth weight by county** [*Alternate measures: Percentage of women receiving prenatal care in the first trimester; Infant mortality rate (deaths per 1,000 births)*]

The Illinois Department of Public Health has the Illinois Project for Local Assessment Needs website.

For IPLAN data:

- 1) Go to <http://app.idph.state.il.us>.
- 2) Click on IPLAN DATA SYSTEM on the left side of the screen.
- 3) Click on “County-level report.”
- 4) Select a County or Special Area from the lists.
- 5) Under “Select Indicator,” scroll down to “3.03, Low Birth Weight.”
- 6) Select the year of interest under “Select data years.”
- 7) Choose whether data should include race or ethnicity.
- 8) Click the “Submit” button.
- 9) The table will list the percentage of children with low birth weight and very low birth weight, by ethnicity, in the county selected.

Other potential indicators found in IPLAN that you may want to include/consider:

- Mothers who smoke or drink during pregnancy
- Prenatal care in the 1<sup>st</sup> trimester
- Teen birth rate

- % births to teens
- Number of Medicaid deliveries

❖ **Child abuse and neglect rate for children under age 5 (reported cases per 1,000 children)**

The Illinois Department of Child and Family Services has data on child abuse and neglect reports, statewide data and some county level data.

Go to <http://www.state.il.us/dcf/index.shtml>

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❖ **Total number of children enrolled/proposed to be served in:**

**IECAM**

Early Head Start  
 Head Start  
 ISBE Pre-K/Preschool for All (PFA)  
 ISBE 0 – 3 programs, home-based\*  
 ISBE 0 – 3 programs, center- based\*  
 Licensed Child Care Centers  
 Licensed-Exempt Child Care Centers  
 Licensed Family Child Care Homes  
 Healthy Families Initiative (HFI)  
 Parents Too Soon (PTS)  
 Joint Program (HFI and PTS)  
 Early Intervention (EI)

For Illinois (non Chicago) IECAM data:

- 1) Go to <http://iecam.crc.uiuc.edu>, and click on “Search Data”.
- 2) Select the Region/Municipality/County.
- 3) Under the “Early Childhood Service Type”, check appropriate box (i.e. Head Start, ISBE PreK/PFA)
- 4) At the bottom of the same column, click the “Submit” button.

For Chicago communities; Chapin Hall Center for Children- Early childhood program supply and demand can be searched by the following two options:

*Community Area Profiles* - includes more detailed profiles of the poorest 44 of Chicago’s communities.

*Search by Indicators* - includes tables of information on all children in Chicago, by community area and maps displaying key trends and indicators affecting childcare demand. Also included is a map of the Community Areas in Chicago.

- 1) Go to <http://dcys-ccsd.chapinhall.org/index.html> and select “Search by Indicators” or by “Community Area Profiles”

\*ISBE 0 – 3 program data are not available via IECAM. For current data, contact the ISBE Early Childhood Division at (217) 524-4853. You may also need to contact your programs directly for more information.

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❖ **Percent of first graders promoted to next grade**

❖ **Part B (Preschool Special Education) caseload**

**Source:** Contact your local school district.

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❖ **Percent of children with special healthcare needs**

For Illinois-level data, go to the Illinois results from the National Survey of Children with Special Healthcare Needs, administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA): <http://mchb.hrsa.gov/cshcn05/SD/illinois.htm>.

- 
- ❖ **Percent of children 6 years old and younger with elevated blood lead levels (based on number of children tested)**
  - ❖ **Percent of children 3 years old and younger with elevated blood lead levels (based on number of children tested)**

For Illinois' state-level and county-level data, go to the Illinois Department of Public Health statistics page at <http://www.idph.state.il.us/health/statshome.htm>. On this page, go to the "Childhood Lead Poisoning Surveillance Report" section of the page.

❖ **Breastfeeding rates and maternal oral health care**

For Illinois' state-level data, go to the Illinois Department of Public Health Statistics page at: <http://www.idph.state.il.us/health/statshome.htm>. On this page, go to the "Illinois Pregnancy Risk Assessment Monitoring System (PRAMS)" section of the page. Breastfeeding data is also grouped by age, race, ethnicity, education, payment for delivery, and marital status.

❖ **Percent of children with dental exams, caries experience, untreated decay, urgent treatment, sealants**

For Illinois' data grouped by the following: entire state, urban only, rural only, collar, Chicago, and Cook County, go to the IL Department of Public Health (IDPH), Division of Oral Health: <http://www.idph.state.il.us/HealthWellness/oralhlth/home.htm>. Data can be found in "Healthy Smile Healthy Growth" assessment document.



## STRATEGIES FOR COLLABORATION: PROGRAMMING INVENTORY<sup>1</sup>

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Every collaborative should gather the information needed to create a resource map of the community through provider surveys, association surveys, and individual capacity surveys. The completed resource map will help collaboratives identify both community needs and service gaps as well as potential partners and resources in crafting a new service provision system. In a collaborative, however, it is especially important to assess the resources of the collaborative members. This Programming Inventory can help collaboratives take stock of their members' programming and plan for future needs. Pass it out to all service-provider members, make copies of completed forms, and distribute them to all members. The first row of the table has been completed as an example.

Program/ Service	Current Capacity	Rate Your Success:  ①②③④⑤	Barriers, Needs and Challenges				
			Staff	Training	Funding	Other	Comments
Resource Parents	3 (8 week) training classes per year	①②③④⑤		Need info on foster families	\$300	Foster parent education curriculum	We feel we have not responded to the specific needs of the many foster parents in our community.
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					
		①②③④⑤					

<sup>1</sup> Adapted from "Building Community Collaboratives," Family Resources Coalition of America, p. 31

## COMMUNITY DESCRIPTION WORKSHEET<sup>1</sup>

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This worksheet will help your partnership prepare your community description. Use the information gathered in your interviews and other background work to fill out the following questionnaire. The sheet is separate into two sections; General Information and Demographic Information.

### General Information:

1. Name of the organization/community: \_\_\_\_\_
2. Date this form was completed: \_\_\_\_\_
3. What are the geographical boundaries for this community? \_\_\_\_\_  
\_\_\_\_\_
4. Approximate size, in numbers, of this community's population: \_\_\_\_\_
5. Who is actively involved in this community or organization? \_\_\_\_\_
  - a. People who regularly attend meetings/events: \_\_\_\_\_
  - b. People you consider to be "members": \_\_\_\_\_
  - c. How do you define a "member"? \_\_\_\_\_  
\_\_\_\_\_
  - d. People you consider to be "leaders": \_\_\_\_\_
  - e. How do you define a "leader"? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

<sup>1</sup> Adapted from the Community Tool Box, University of Kansas, <http://ctb.ku.edu>.

**Demographic Information:**

Fill out blanks using approximate percentages:

	<b>Residents</b>	<b>Low Income</b>	<b>Moderate Income</b>	<b>Upper Income</b>
African-American				
Asian-American				
European-American				
Hispanic/Latino/Latina				
Native American				
Other				
Male				
Female				
Children under 3				
Children under 5				

## **BUILDING BLOCKS ONLINE COMMUNITY ASSESSMENT TOOL**

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Building Blocks Community Assessment (BBCA) helps communities assess their needs for child care and early education services by gathering and evaluating data and conducting a series of community strategic planning meetings.

BBCA is a free, web-based, interactive tool designed to help Illinois communities complete a quantitative assessment of their need for child care and early education services and to initiate a community-wide process to evaluate the availability, accessibility, quality and community awareness of local child care and early education programs. Once communities become aware of their early childhood needs, they can develop coordinated plans to build a stronger system of care. The Illinois Early Childhood Asset Map (IECAM) is used as the primary data source for this tool and contains data for Illinois communities only. Communities outside of Illinois are welcome to use the site if they have alternate data sources that include their communities.

Create an account and/or login at this URL:

<http://www.buildingblockscommunityassessment.org/>

## CONDUCTING FOCUS GROUPS

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A focus group is a group of individuals, usually six to eight, brought together for a more or less open-ended discussion about an issue. This qualitative research tool provides a subjective, but not statistically valid, understanding of the larger community's attitudes. Your partnership will need to decide if this type of tool will be helpful in completing your community assessment. Below is a brief list of key tasks and components to consider when conducting a focus group. Following this list are additional references on how to conduct focus groups.

When to use a focus group:

- ✓ You're considering the introduction of a new program or service
- ✓ Your main concern is with depth or shading of opinion, rather than simply with whether people agree
- ✓ You want to supplement the knowledge you have gotten from written surveys
- ✓ You know or can find someone who is an experienced and skilled group leader
- ✓ You have the time, knowledge, and resources to recruit a willing group of focus group participants

Before you begin:

- ✓ Recheck your goals
- ✓ Consider other methods
- ✓ Find a good leader
- ✓ Decide who should be invited
- ✓ Decide about incentives
- ✓ Prepare methods
- ✓ Recruit members

When the group meets:

- ✓ Review the purpose of the group and goals of the meeting
- ✓ Encourage open participation
- ✓ Set the tone by asking an opening question and making sure all opinions on that question are heard
- ✓ When all your questions have been asked, ask if anyone has any other comments to make
- ✓ Tell the group about any next steps that will occur and what they can expect to happen now

After the meeting:

- ✓ Make a transcript or written summary of the meeting
- ✓ Examine the data for patterns, themes, new questions and conclusions
- ✓ Share the results with the group
- ✓ Use the results!

### Focus Group References:

Basch, Charles E. *Focus group interview: an under-utilized research technique for improving theory and practices in health education*. Health Education Quarterly. 14(4):411-448. 1987

Bean, Glynis J. *Don't let a dominator spoil the session for everyone*. Market News. 22:6 Jan 4 '88

Coalition on Human Needs. *How the poor would remedy poverty*. Washington D.C.: Coalition on Human Needs, 1987.

Hambrick, Ralph S. Jr. and odd W. Areson. 1987 *Survey of Citizen attitudes*: Petersburg, Virginia. Richmond, VA: Virginia Commonwealth University, 1987.

Hammond, Meryl. *Creative focus groups: uses and misuses*. Marketing & media Decisions 21:154+ J1 '86

Karger, Ted. *Focus groups are for focusing, and for little else*. Marketing News 21:52-5 Ag 28 '87

Krueger, Richard A. *Focus Groups: A Practical Guide for Applied Research*. Beverly Hills, CA: Sage Publications, 1988

Libresco, Joshua D. "*Focus Groups: Madison Avenue Meets Public Policy*," Public Opinion, August/September, 1983

Lokon, Elizabeth. *Probing Japanese buyer's minds (utilizing focus group research methods)*. Business Marketing 72:84-6+ N'87

Malone, Mike. *Response analyzer designed to enhance focus groups*. Marketing News 21:38 Ja 2 '87

Morgan, David L. *Focus Groups as Qualitative Research*. Newbury Park: SAGE Publications, Inc. 1988.

Nesser, David L. *How to run a focus group*. Public Relations Journal 44:33-4 Mr' 88

## CONDUCTING PUBLIC FORUMS AND LISTENING SESSIONS

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Public forums give people of diverse backgrounds a chance to express their views on the proposed work of your collaboration. When planning for public forums, consider potential barriers to accomplishing your goals. Oppositional community members may have valuable feedback, and may present alternative ways to address the problem. The following strategies will help you organize activities to involve the public in your planning.

- Hold meetings at different sites to get real representation
- Schedule forums at easy-to-find, public locations which are accessible and comfortable
- If possible, hold forums in the evening to avoid time conflicts with work and school
- Publicize forums as widely as possible
- Personally recruit community leaders and diverse community members to attend the meetings and ask them to recruit others as well
- Provide transportation to the meetings if necessary
- Serve light refreshments if possible

## Community Profile

### Geographic Boundaries

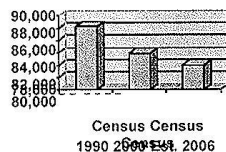
Vermilion County is located in east central Illinois and encompasses over 899 square miles of land. Danville is the county seat for Vermilion County and is about 125 miles south of Chicago, the state's largest city, and 30 miles west of Champaign-Urbana on the Indiana ~ Illinois State line. Danville is situated on the North Fork of the Vermilion River.

### Population Growth

	<i>U.S. Census</i>	<i>U.S. Census</i>	<i>U.S. Census Est.</i>	<i>Annual Growth</i>
	<i>1990</i>	<i>2000</i>	<i>2005</i>	<i>1990-2006</i>
Vermilion County	88,257	83,919	81,941	- 7.16 %

Source: U.S. Census Bureau, Washington DC: [www.census.gov](http://www.census.gov)

**Population Growth of Vermilion County 1990-2006**



Vermilion County has seen a huge drop in population within the last 16 + years. Growth in population impacts all aspects of Vermilion County. In addition to natural resources, critical areas impacted by growth include police, fire and emergency personnel, housing, schools, utilities, road and funding for new infrastructures and programs.

### Population of Young Children

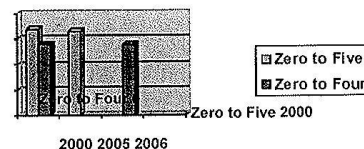
<i>Vermilion County</i>	<i>U.S. Census 2000</i>	<i>U.S. Census Ext. 2005</i>	<i>Annual Growth 2000-2005</i>
Zero to Five	6,771	6,553	- 3.22%
Zero to Four	5,577	5,558 (2006 Data)	-0.3%

Source: U.S. Census Bureau, Washington DC: [www.census.gov](http://www.census.gov)

IECAM (Illinois Early Childhood Asset Map): <http://iecam.crc.uiuc.edu/data-collection.html>

The early childhood population has not seen a huge decrease in the last 5 years, but with the general population of Vermilion County decreasing, we are assuming this is directly correlated with that decrease.

**Young Children Population Growth  
Vermilion County, IL 2000-2006**



<sup>1</sup> "Community Report Card" Vermilion County, IL, All Our Kids Early Childhoods Networks, 2008 – Vermilion County Health Department



## Child Health

### Vermilion County Births to Teens

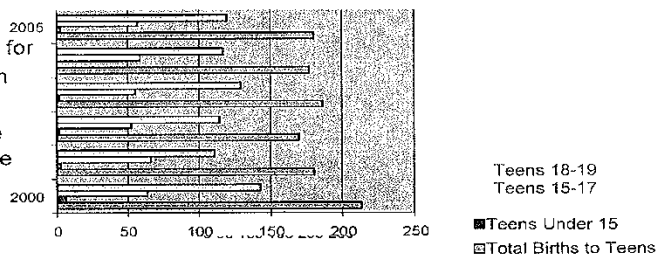
*Year and Total Births Births to Teens Teen Birth Births to Teens Births to Teens Births to Teens Location Percent\* Under 15 15-17 18-19*

2000							
Vermilion	1,207	213	17.6%	11/4%	6	64	143
Illinois 2001							
Vermilion	1,119	180	16.1%	10.9%	3	66	111
Illinois							
2002							
Vermilion	1,098	170	15.5%	10.3%	2	53	115
Illinois							
2003							
Vermilion	1,078	186	17.3%	9.7%	2	55	129
Illinois							
2004							
Vermilion	1,079	177	16.4%	9.9%	1	59	117
Illinois							
2005							
Vermilion	1,112	180	16.2%	9.7%	3	57	120
Illinois							
Teen Birth Percent found by taking the total number of teen births and dividing that by the total number of live births and							

Source: Illinois Department of Public Health, Health Statistics [www.idph.state.il.us](http://www.idph.state.il.us)

Vermilion County has a 30-plus year history of high births to teens and has been consistently higher than the state of Illinois. Teen mothers and their children are at heightened risk for a number of negative outcomes. Teen mothers have a much higher rate of complications during pregnancy, are less likely to finish high school and are more likely to be unemployed as adults. Their children are at greater risk for developmental, academic, emotional, physical and behavioral problems.

### Births to Teens



#### **D. Develop A Strategic Plan**

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The collaboration should be able to create a clear vision statement that encapsulates their mission. The mission should be broken down into individual goals, from which members can take responsibility for specific tasks. Accomplishing the collaboration's goals will require strategies, and members need to come together to agree on actions that the group will undertake as a whole. This may include hiring staff, advocacy with local government, materials that will be created, etc. The tools give examples of how to break a mission into goals, and how to create and implement a strategic vision through action steps.

Tools included in this section:

- WRITING OUTCOME OBJECTIVES
- ACTION PLAN WORKSHEET

## WRITING OUTCOME OBJECTIVES<sup>1</sup>

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### Steps to a Measurable Objective

#### 1. Describe Your Activity

Develop an activity statement that describes who does what, when and with whom. Before you describe your activity, consider the following (example answers for an after-school tutoring program are in *italics*):

- ☐ What is one thing your program will do? *tutoring reading*
- ☐ Who will do this activity? *5 community volunteers*
- ☐ With whom will they do this activity? *15 school-referred 5th-grade students*
- ☐ When/how often will they do this activity? *3 days a week from 3pm to 5pm for 48 weeks (4 12-week sessions)*
- ☐ Where will they do this activity? *At the FRYSC location adjacent to ABC Elementary School*
- ☐ How will they do this activity? *One to one tutoring including the use of approved computer software in a classroom setting*

#### Example of a complete activity description:

Five community volunteers will tutor reading to fifteen school-referred fifth-grade students from ABC Elementary School for 2 hours in a classroom setting at the FRYSC 3 afternoons a week for 48 weeks (4 12-week sessions).

#### 2. Define your desired result for your activity

Your desired result reflects the impact of your program activity on your target population. It should answer the question, “What happens because we did this activity?” Use only one to two results per activity. Most activities have multiple impacts, so choose the one or two that have the most meaningful impact and that will be measurable within one year. Before you define your desired result, consider the following (example answers for an after-school tutoring program are in *italics*):

- ☐ What types of things do you think your program personnel would report happening as a result of this activity? *Students are more interested in reading.*
- ☐ What types of things do you think your target population would report happening as a result of this activity? *Students report an increase in reading grades and an increased willingness to attend school.*
- ☐ What do you think your stakeholders would report as happening as a result of this activity? *Teachers and/or parents say they’ve seen a positive change in reading ability, behavior, grades, school attendance and general attitude toward school.*
- ☐ What will these things tell you? *There is an increase in reading ability.*

Example of a complete result statement: There will be an increase in reading ability.

#### 3. Choose a measure for your desired result

Measures help you determine the impact of your services. The measures describe the means you will use to know if your activity has achieved your desired result. When writing your measure for each objective, list an instrument (a specific tool for collecting and documenting information e.g., pre/post test, interview guide, sign-in sheet, checklist). Connect your measures to your activity and desired result. Before identifying a method of measure, be sure that it is feasible to get that type of information. Before you choose your measures, consider the following (example answers for an after-school tutoring program are in *italics*):

- ☐ Examine your intended result. What is it that you want to see happen? *Increase reading ability.*
- ☐ What concrete things (indicators) might you look at to determine if what you wanted to happen did happen? *Successful homework completion, report cards, teacher & tutor observation, reading tests.*
- ☐ Which instrument would best capture (or acceptably capture) what you are looking at? *Language arts grade, teacher observation checklist, pre/post test, informal reading inventory (IRI).*
- ☐ What are the advantages and disadvantages associated with this measure? *Grades may give an inaccurate perception to what is happening every nine weeks. A pre/post ability checklist may be time consuming but would be specific. IRI is time consuming and may have a cost.*
- ☐ What resources do you have? *Supportive teachers, parents and volunteers. A reading ability checklist is already being used in the school.*

#### Example of a complete list of measures:

Teacher observation checklist and pre/post reading ability checklist.

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<sup>1</sup> Taken from <http://www.hardinyouth.org/AppB-ObjWkst05-06.pdf> on April 28, 2010; Hardin County Adolescent Services.

#### 4. Define a standard of success for your measure

Your standard of success indicates who and what will change, as well as by how much, for each measure. Be realistic! Before you define your standard for success, consider the following (example answers for an after-school tutoring program are in italics):

- ☐ On what will these individuals show change or accomplishment? *Teacher observation checklist & pre/post reading ability checklist.*
- ☐ What is the minimum number of people (number or percentage) affected by your activity? *Teacher observation checklist—95% of students tutored. Pre/post reading ability checklist—95% of students tutored.*
- ☐ To what degree will they show this change or accomplishment? *Teacher observation checklist—increase 2 points on a 10-point scale in classroom participation & interest in reading material. Pre/post reading ability checklist—increase 5 abilities out of a list of 25 reading abilities.*
- ☐ Over what period of time will they show this change or accomplishment? *One year (term of grant period).*

##### Example of a complete standard of success:

*Teachers will report that 95 percent of students tutored will increase 2 points on a 10-point scale in classroom participation and interest in reading material on the teacher observation checklist during one year. Tutors will report that 95% of students tutored will add 5 abilities from the students' pre-test level out of a list of 25 reading abilities on a pre/post reading ability checklist during one year.*

#### 5. Describe the target population for your activity

The description of your target population is a reasonable reflection of the number of individuals you plan to reach with your activity. Before you define your standard for success, consider the following (example answers for an after-school tutoring program are in italics):

- ☐ What types of people benefit from your activity? *Tutored students, teachers, the school, parents, students' families.*
- ☐ Of those benefiting, who receives the most direct benefit? *Tutored students*
- ☐ How many people directly benefit from your activity? *60*
- ☐ What are some adjectives that describe your target population? *5th grade students, teacheridentified for assistance, below grade level for reading.*

##### Example of a complete description of your target population:

*Sixty teacher-identified (below reading grade level), 5th grade students.*

## ACTION PLAN WORKSHEET<sup>1</sup>

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Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Desired Outcome:

Action (What needs to be done)	Person Responsible (Who will take action)	Timeline for completion (By what date)	Resources & Support needed/available	Potential barriers or resistance	Measure of successful completion

---

<sup>1</sup> JR Flores (2003). Targeted Community Action Planning Toolkit  
Action Plan Worksheet

### **SECTION III: TAKING ACTION**

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Once members agree on the partnership's vision and goals, it is time to put the strategic plan into practice. At this point, participating agencies/organizations must develop mechanisms to facilitate ongoing collaboration with other agencies/organizations while distributing responsibilities equitably among partners. This involves finding ways to share information, share resources, find sources of funding and support for collaborative activities, and involve the community in meaningful ways.

Collaborators should commit to specific next steps, and may seek community buy-in during implementation of the strategic plan (if applicable). Continually reassess for barriers to implementation and viable alternatives. The following is a list of tasks for this stage. Each task will be further defined, followed by available tools.

- A. Coordinate Activities and Services**
- B. Develop A Financing Strategy**

## **A. Coordinate Activities and Services**

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Developing common tools and sharing resources can help organizations within a collaborative coordinate their efforts. Common forms reduce duplication of services, cut costs, prevent families from filing out endless amounts of paperwork, smooth the process of sharing information among agencies, and help in the process of designing new services. Developing mechanisms for sharing information among members can save time and resources and help ensure that collaborative work continues between meetings.

Tools included in this section:

4. Partnership Agreements
  - SAMPLE MEMORANDUM OF UNDERSTANDING (MOU) FROM NEIGHBORHOOD NETWORKS RTAP
  - WE GO TOGETHER FOR KIDS MEMORANDUM OF AGREEMENT (MOA): EXAMPLE MOA
  - POSITIVE PARENTING DUPAGE (PPD) AND DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES: EXAMPLE MOU
  - PPD AND DUPAGE COUNTY HEALTH DEPARTMENT: EXAMPLE MOU
  - PPD AND CENTRAL DUPAGE HOSPITAL: EXAMPLE MOU
5. Brainstorming Tool
  - REFERRAL BRAINSTORMING WORKSHEET
6. Referral Forms for Use with Families
  - REFERRAL FORM FOR FAMILIES
  - EARLY CHILDHOOD COMMUNITY SCREENING TOOL
  - SAMPLE PARTNERSHIP REFERRAL FORM

## SAMPLE MEMORANDUM OF UNDERSTANDING (MOU)<sup>1</sup>

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This Memorandum of Understanding (MOU) establishes a type of partnership between **your organization and partnering organization**.

### I. Mission

- Brief description of your organization's mission. You might want to also include a sentence about the specific program if applicable.
- Brief description of partnering organization's mission.
- Together, the Parties enter into this Memorandum of Understanding to mutually promote described efforts that this partnership will promote e.g. health care or workforce development. Accordingly, your organization and partnering organization, operating under this MOU agree as follows:

### II. Purpose and Scope

Your organization and partnering organization: Describe the intended results or effects that the organizations hope to achieve, and the area(s) that the specific activities will cover.

- Why are the organizations forming a collaboration? Benefits for the organization?
- Who is the target population?
- How does the target population benefit?

Include issues of funding if necessary. For example, "Each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU."

### III. Responsibilities

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out this MOU. The initial appointees of each **organization are:**

- List contact persons with address and telephone information
- The organizations agree to the following tasks for this MOU:
- Your organization will:
  - list tasks of your organization as bullet points
- Partnering organization will:
  - list tasks of partnering organization as bullet points
- Your organization and partnering organization will:
  - list shared tasks as bullet points

### IV. Terms of Understanding

The term of this MOU is for a period of *(insert length of MOU)* usually 1-3 years from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least *(insert how often)*, usually annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

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<sup>1</sup> National Networks Regional Technical Assistance Program (RTAP). (year unknown). Sample Memorandum of Understanding. Downloaded from: <http://www.hud.gov/offices/hsg/mfh/nnw/partnerships/partnershipsresources/nnwpartnermou.pdf> on September 8, 2008.



**Authorization**

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Your organization:

\_\_\_\_\_

Name

Date

Title

Organization

Partnering Organization:

\_\_\_\_\_

Name

Date

Title

Organization

**SAMPLE MEMORANDUM OF AGREEMENT**  
**WE GO TOGETHER FOR KIDS MEMORANDUM OF AGREEMENT (MOA)<sup>1</sup>**  
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*WeGo Together for Kids: (a school/community coalition)* a Safe Schools/Healthy Students Initiative (SS/HS) goal is to mobilize all segments of West Chicago School District 33 and community to cooperate in a coordinated and comprehensive approach that addresses the health, safety and well being of students and families.

Project objectives are designed to provide students with a safe, disciplined and drug-free environment in which to live, grow, and learn. The approach and strategies are aimed at reducing youth violence and substance abuse, increase access to mental health services, and increasing student school attendance with a result of promoting healthy student and family development in West Chicago School District 33.

To accomplish this mission, the coalition will:

- Function as an agent of change that fosters protective factors in order to build resiliency within West Chicago
- Create opportunities that empower youth to participate in community life in meaningful ways so that they develop a sense of attachment and belonging
- Develop a social network that provides resources for human development
- Encourage the community to value youth

In support of the mission, goals and activities, participating coalition members have agreed to implement, manage and monitor the programs, services and activities described in this proposal to achieve the intended outcomes and performance measures.

**Goals and Performance Outcomes for the Coalition**

The goals and outcomes established for *WeGo Together for Kids* are related to the six elements of the federal program and include:

**Coalition Goals**

- Increase collaboration and coordination of prevention and treatment services for the West Chicago community by 2008.
- Maintain compliance with project goals by the partners by 2008
- By 2008, increase collaboration and coordination of prevention and treatment services for the West Chicago community by 100%, as evidenced by attendance at monthly provider meetings, steering committee, general coalition meetings and/or workgroups.
- By 2008, maintain 100% compliance with project goals by the partners as evidenced by program plan reviews and fiscal budget audits for each partnership agency.

**Element One: Safe School Environment**

- Decrease the rate of youth violence incidents in West Chicago elementary and middle schools.
- Decrease the number of school suspensions due to youth violence incidents in West Chicago elementary and middle schools .
- Increase the surveillance and security in West Chicago elementary and middle schools.
- By 2008, decrease the rate of youth violence incidents in West Chicago elementary and middle schools by 60%, as evidenced by the reduced number of suspensions due to threatening behavior, unprovoked attack on students, fighting, fighting with or threatening teachers, possession or use of a dangerous weapon, arson, and endangering the safety of others.
- By 2008, increase the surveillance and security in West Chicago elementary and middle schools 100%, as evidenced by follow-up safety audits of school facilities.

**Element Two: Alcohol and other drugs and violence prevention and early intervention programs**

- .Decrease substance abuse incidents in middle school students.

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<sup>1</sup> Adapted from WeGo Together for Kids, District 33 School and Community Coalition

- Decrease the rate of youth violence incidents in West Chicago elementary schools.
- Decrease the number of school suspensions due to youth violence incidents in West Chicago elementary schools.
- Reduce the number of contact involving youth with law enforcement as a result of delinquent acts and criminal involvement.
- Increase the number of elementary and middle school students involved in after-school and pro-social programs
- By 2008, decrease substance abuse incidents in elementary and middle school students by 60%, as evidenced by fewer students reporting alcohol consumption, use of cigarettes or other drugs (inhalants, LSD, crack/cocaine, and heroin).
- By 2008, reduce the number of contacts involving youth with law enforcement by 60%, as evidenced by fewer delinquent acts and criminal involvement.
- By 2008, increase the number of elementary and middle school students involved in after-school and pro-social programs by 50%, as evidenced by a reduction in youth substance abuse incidents, suspensions, and violent behavior.

#### **Element Three: School and community mental health prevention and treatment intervention services**

- Increase mental Health services and access to these and other prevention and treatment services to students and their families in West Chicago District 33.
- Increase mental health knowledge among West Chicago District 33 community members, students, and staff.
- Reduce waiting time between mental health service demand and service provider response among West Chicago District 33 community members.
- By 2008, increase the number of students and families accessing and receiving mental health services in the West Chicago District 33 community by 50%, as evidenced by the frequency of service requested or inquired about, follow-through in accessing such services, and persistence in pursuing such service to closure.
- By 2008, increase mental health knowledge among West Chicago District 33 community members, students, and staff by 50% as evidenced by the frequency of service requested or inquired about, follow-through in accessing such services, and persistence in pursuing such service to closure.
- By 2008, reduce the waiting time between mental health service demand and service-provider response among West Chicago District 33 community members as evidenced by 100% service response to all appropriate demands within 24 hours of one work day by staff.

#### **Element Four: Early Childhood psychosocial and emotional development**

- Increase proficiency in basal literacy skills of early childhood students and their parents in District 33.
- Increase attainment of basic skills and competencies that support the educational and employment needs of Spanish-speaking parents in District 33.
- Increase service response and provided-service retention rate to District 33 families such that all germane service demand is delivered by direct response or service referral.
- Increase parental involvement in classroom and school activities in District 33.
- By 2008, increase proficiency in basal literacy skills of early childhood students in District 33 by 15%, as evidenced by Work Sampling Checklist developmental progress.
- By 2008, increase attainment of basic skills and competencies that support the educational and employment needs of Early Childhood parents in District 33 by 77% of students demonstrating learning gains as evidenced by standardized tests administered by College of DuPage.
- By 2008, increase service response and provided-service retention rate to District 33 families such that all germane service demand is delivered by direct response or service referral, as evidenced by 100% service response to all appropriate demands within 24 hours or one work day of referral, and 100% of health needs identified by teachers/staff are addressed with parents and linked to appropriate services.
- By 2008, increase parental involvement in classroom and school activities in District 33 by 100%, as evidenced by parents spending half a day in their child's classroom each year.

#### **Element Five: Supporting and connecting schools and communities**

- Increase the number of District 33 students that are English proficient re-learning and the number of District 33 schools meeting AYP standards.
- Reduce the rate of student absenteeism and increase the number of District 33 schools meeting AYP standards.

- Reduce the rate of truancy in District 33 and increase the communication between juvenile services and District 33.
- Increase the referral rate of District 33 students to primary healthcare.
- Increase the number of healthy food choices made by District 33 students.
- By 2008, increase the number of District 33 students that are English proficient re-learning by 100% as evidenced by 100% of District 33 schools meeting AYP standards.
- By 2008, increase the student attendance rate of District 33 students by 80% as evidenced by staff and coalition members trained in poverty and cultural issues and an increase in schools meeting AYP standards.
- By 2008, decrease the rate of truancy in District 33 elementary and middle students by 50% as evidenced by an increase in the communication between juvenile services and District 33.
- By 2008, increase the number of District 33 students and families receiving primary healthcare services by 100% as evidenced by an increase in parent demand of the services.
- By 2008, increase the number of healthy food choices made by District 33 students by 50% as evidenced by an increase in fruit and vegetable consumption in elementary school children.

#### **Element Six; Safe School Policies**

- Increase valid and reliable school discipline procedures across all the district schools by 2008
- By 2008, increase valid and reliable school discipline procedures across all district schools by 100% as evidenced by a decrease of discrepancies in annual discipline audits, a decrease in parent appeals regarding school disciplinary actions, a 60% reduction in reported incidents of youth violent behavior, a 60% reduction in youth substance abuse incidents, and an 80% increase in school attendance

#### **Information Sharing**

The Project Director for *WeGo Together for Kids* will be responsible for coordinating communication and information sharing among the participating partners. Methods for sharing information will include quarterly meetings of the coalition, monthly meetings with contracted providers to ensure ongoing performance improvement and compliance with grant requirements, and a listserv.

#### **Roles and Responsibilities of Each Partner**

We agree to support - *WeGo Together for Kids* the SS/HS Initiative in the following ways:

##### **West Chicago School District 33**

- Maintain continued membership and active participation in *WeGo Together for Kids*
- Provide administration and fiscal oversight for the project.
- Be responsible for hiring the Project Director and monitoring the entire project.
- Provide space for contracted and other partners for the delivery of program services and activities.
- Promote program services and activities to the district families and in the community.
- Maintain ongoing, consistent communication between the school district and all partners and service providers.
- Provide data necessary for local and national evaluation of this initiative to the local evaluator(s).
- Provide data related to the Government Performance and Results Act Performance Indicators established by Federal government.

#### ***Template to follow District 33- for each signer***

##### **Agency Name**

- Maintain continued membership and active participation in *WeGo Together for Kids*
- Maintain ongoing, consistent communication between the school district and all coalition members.
- Collaborate with other project partners to ensure the linkage and delivery of services that respond to the family's needs. (Includes, but is not limited to, social services, mental and physical health assessment, and mental health services).
- Provide data necessary for local and national evaluation of this initiative to the local evaluator(s).
- Provide data related to the Government Performance and Results Act Performance Indicators if applicable

##### **County Health Department**

- Maintain continued membership and active participation in *WeGo Together for Kids*

- Assure the provision of education, screening, assessment, referral and linkage, treatment, case management, psychiatric care and coordination of services for youth and their families in need of mental health services (on-site and off-site).
- Provide crisis intervention services for students and families in imminent danger due to a severe mental illness.
- Provide programs and activities that promote mental health.
- Provide consultation, education, and facilitate wrap around services for the childhood program
- Collaborate with other project partners to ensure the linkage and delivery of services, and coordinate education programs, that respond to the family's needs. (Includes, but is not limited to social services, prevention, education, and mental and physical health services).
- Work collaboratively with *WeGo Together for Kids* Coalition members to develop a comprehensive community wide plan for a seamless private/public system that addresses the mental health needs of the Chicago Elementary. This work will be in conjunction with a countywide effort through the Partnership for Behavioral Health, which is a private/public group working to improve mental health through advocacy and prevention, early identification and treatment of mental health disorders.
- Will provide oversight for all mental health education, screening, assessment and treatment services delivered through the *WeGo Together for Kids* contracted programming through consistent communication with the Project Director and attendance at the monthly quality assurance meetings in which mental health activities will be reviewed. • In compliance with mental health confidentiality law and HIPPA regulations, provide data necessary for local and national evaluation of this initiative to the local evaluator(s).
- In compliance with mental health confidentiality law and HIPPA regulations, provide data related to the Government Performance and Results Act Performance Indicators established by Federal government.

#### Department of Probation and Court Services

- Maintain continued membership and active participation in *WeGo Together for Kids*
- Be responsible for identifying and recommending juveniles in need of services.
- Provide data necessary for local and national evaluation of this initiative to the local evaluator(s).
- Provide data related to the Government Performance and Results Act Performance Indicators.

#### West Chicago Police Department

- Maintain continued membership and active participation in *WeGo Together for Kids*
- Provide assessment, recommendations and building security.
- Continue to employ an officer to work with juveniles and their families both in and out of school. The officer will also work with school and juvenile justice system personnel.
- Provide consultation at the elementary school level.
- Expand programs and services at the Neighborhood Resource Centers.
- Promote violence prevention in the district with the students and families.
- Provide data necessary for local and national evaluation of this initiative to the local evaluator(s).
- Provide data related to the Government Performance and Results Act Performance Indicators.

#### Metropolitan Family Service

- Maintain continued membership and active participation in *WeGo Together for Kids*
- Assure the provision of education, screening, assessing, referring, treatment and coordination of services for youth in need of mental health services (on-site and off-site) .
- Collaborate with other project partners to ensure the linkage and delivery of services that respond to the family's needs. (Includes, but is not limited, to social services, mental and physical health assessment, and mental health services).
- In compliance with mental health confidentiality law and HIPPA data necessary for local and national evaluation of this initiative to the local evaluator(s).
- In compliance with mental health confidentiality law and HIPPA regulations, provide data related to the Government Performance and Results Act Performance Indicators established by federal government.

#### Breaking Free, Inc.

- Maintain continued membership and active participation in *WeGo Together for Kids*
- Promote violence and substance abuse prevention with the students and families in the district.
- Provide data necessary for local and national evaluation of this initiative to the local evaluator(s).

- Provide data related to the Government Performance and Results Act Performance Indicators.
- Coalition members to develop a comprehensive community wide plan for a seamless private/public system that addresses the mental health needs of the Chicago Elementary. This work will be in conjunction with a countywide effort through the Partnership for Behavioral Health, which is a private/public group working to improve mental health through advocacy and prevention, early identification and treatment of mental health disorders.
- Will provide oversight for all mental health education, screening, assessment and treatment services delivered through the *WeGo Together for Kids* contracted programming through consistent communication with the Project Director and attendance at the monthly quality assurance meetings in which mental health activities will be reviewed.
- In compliance with mental health confidentiality law and HIPPA regulations, provide data necessary for local and national evaluation of this initiative to the local evaluator(s).
- In compliance with mental health confidentiality law and HIPPA regulations, provide data related to the Government Performance and Results Act Performance Indicators established by federal government.

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This Memorandum of Understanding between **Positive Parenting DuPage (Positive)** and the **DuPage County Department of Community Services (County)** ensures that the organizations listed above work collaboratively in an effort to provide high quality resources and services to the parents and caregivers of young children in the community. The **County** serves on **Positive's Board of Directors**, which exercises overall governance of the project. Responsibilities as a Board member include but are not limited to: approving and monitoring the annual budget, developing and monitoring the core policies for the organization and overseeing the legal obligations and strategic alliances of Positive. The **County** is also represented by staff members who participate in **Positive's Taskforces**. The Taskforces are made up of committed members with expertise and relationships specific to each content area in order to guide the implementation of **Positive's** project components.

Within this memorandum, the **County** agrees to be an official **Born Learning educational site**, displaying and distributing parent education materials with parents and caregivers, as appropriate to their early childhood services. As appropriate, the **County** will: (1) ensure that all staff are familiar with the educational campaign, (2) distribute the educational materials, (3) track the number of materials distributed on the Educational Campaign Tracking form provided by **Positive**, and (4) display materials in areas visible to parents and caregivers.

**Intake, Matching and Referral:** The **County** will partner with **Positive** to incorporate the **Positive** intake line into their phone system. Through this collaboration, **Positive** staff will learn the **County** intake system, while **County** staff will receive training in the family centered screening system that **Positive** is coordinating across the community. Based on individual cases, **County** staff will screen parents using the **Positive** screening tool, if appropriate. Depending on the outcome of the screen, the **County** staff will either make a referral or give the parent/caregiver **Positive's** information.

**Positive** agrees to provide the **County** training and support in the following components:

**Born Learning:** **Positive** will help the **County** with the replenishing of Born Learning educational materials as resources permit. **Positive** will also generate cumulative and outcome data pertaining to Born Learning. **Positive** will also aid in seeking additional funding in a collaborative manner with the **County**, when appropriate.

**Intake, Matching and Referral:** **Positive** will refer any person calling the intake line that may benefit from the **County's** services. In addition, **Positive** will provide the **County** with all the current up-to-date information on each organization that is part of the community resource database, via the **Positive** website, in order to best provide resources for clients. **Positive** will also ensure that the **County's** information is always kept current for access and will provide ongoing technical assistance with the educational materials and screening and referring of families.

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**Positive Parenting DuPage Representative**

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**Date**

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**County Community Services Representative**

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**Date**

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This Memorandum of Understanding between **Positive Parenting DuPage (Positive)** and the **DuPage County Health Department (DCHD)** ensures that the organizations listed above work collaboratively in an effort to provide high quality resources and services to the parents and caregivers of young children in the community. The **DCHD** serves on **Positive's Board of Directors** which exercises overall governance of the project. Responsibilities as a Board member include but are not limited to: approving and monitoring the annual budget, developing and monitoring the core policies for the organization and overseeing the legal obligations and strategic alliances of **Positive**. The **DCHD** is also represented by staff members who participate in **Positive's Taskforces**. The Taskforces are made up of committed members with expertise and relationships specific to each content area in order to guide the implementation of **Positive's** project components.

Through the collaboration with **Positive**, the following **DCHD** programs are involved:

1. **Family Case Management**
2. **Family Planning**
3. **Healthy Families**
4. **Mental Health Services**
5. **Prenatal Program**
6. **Social Service Team**
7. **Teen Parent Services**
8. **WIC program**

The **DCHD's Healthy Families** program will also participate in intensive program evaluation coordinated by **Positive** in order to increase the quality of home-visiting services families receive. **Positive** is partnering with **Northern Illinois University (NIU)** in order to carry out the evaluation project. **NIU** is to provide the evaluation measurements to be used with families, training of the professionals and the synthesis of all data that is collected through the participation of the programs involved.

Within this memorandum, the **DCHD** agrees to be an official **Born Learning educational site**, displaying and distributing parent education materials with parents and caregivers as appropriate to their early childhood services. As appropriate, the **DCHD** will: (1) ensure that all staff are familiar with the educational campaign, (2) distribute the educational materials, (3) track the number of materials distributed on the Educational Campaign Tracking form provided by **Positive**, and (4) display materials in areas visible to parents and caregivers.

**Intake, Matching and Referral:** Based on individual cases, **DCHD** staff will screen parents using the **Positive** screening tool, if appropriate. Depending on the outcome of the screen, the **DCHD** staff will either make a referral or give the parent/caregiver **Positive's** information.

**Positive** agrees to provide the **DCHD** training and support in the following components:

**Born Learning:** **Positive** will help the **DCHD** with the replenishing of Born Learning educational materials as resources permit. **Positive** will also generate cumulative and outcome data pertaining to Born Learning. **Positive** will also aid in seeking additional funding in a collaborative manner with the **DCHD**, when appropriate.

**Intake, Matching and Referral:** **Positive** will refer any person calling the intake line that may benefit from the **DCHD's** services. In addition, **Positive** will provide the **DCHD** with all the current up-to-date information on each organization that is part of the community resource database, via the **Positive** website, in order to best provide



resources for clients. **Positive** will also ensure that the **DCHD's** information is always kept current for access and will provide on-going technical assistance with the educational materials and screening and referring of families.

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**Positive Parenting DuPage Representative**

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**Date**

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**DuPage County Health Department Representative**

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**Date**

## Memorandum of Understanding

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This Memorandum of Understanding between **Positive Parenting DuPage (Positive)** and the **Central DuPage Hospital (CDH)** ensures that the organizations listed above work collaboratively in an effort to provide high quality resources and services to the parents and caregivers of young children in the community. **CDH** serves on **Positive's Board of Directors** which exercises overall governance of the project. Responsibilities as a Board member include but are not limited to: approving and monitoring the annual budget, developing and monitoring the core policies for the organization and overseeing the legal obligations and strategic alliances of **Positive**. **CDH** is also represented by staff members who participate in **Positive's Taskforces**. The Taskforces are made up of committed members with expertise and relationships specific to each content area in order to guide the implementation of **Positive's** project components. **CDH** staff will support and coordinate, as appropriate, the outreach and collaboration with **CDH's** affiliated pediatricians in phase II.

Within this memorandum, **CDH** agrees to be an official **Born Learning educational site**, displaying and distributing parent education materials with parents and caregiver. **CDH** will distribute **New Parent Kits** to each family that delivers at their hospital. As appropriate, **CDH** will: (1) ensure that all staff are familiar with the educational campaign, (2) distribute the educational materials, (3) track the number of materials distributed on the Educational Campaign Tracking form provided by **Positive**, and (4) display materials in areas visible to parents and caregivers.

**Intake, Matching and Referral:** Based on individual cases, **CDH** staff will screen parents using the Positive screening tool, if appropriate. Depending on the outcome of the screen, the **CDH** staff will either make a referral or give the parent/caregiver **Positive's** information.

**Positive** agrees to provide **CDH** training and support in the following components, including coordination of the implementation and ongoing maintenance of the project:

**Born Learning:** **Positive** will help **CDH** with the replenishing of Born Learning educational materials as resources permit. **Positive** will also generate cumulative and outcome data pertaining to Born Learning. **Positive** will also aid in seeking additional funding in a collaborative manner with **CDH**, when appropriate.

**Intake, Matching and Referral:** **Positive** will refer any person calling the intake line that may benefit from **CDH's** services. In addition, **Positive** will provide **CDH** with all the current up-to-date information on each organization that is part of the community resource database, via the **Positive** website, in order to best provide resources for clients.

**Positive** will also ensure that **CDH's** information is always kept current for access and will provide ongoing technical assistance with the educational materials and screening and referring of families.

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Positive Parenting DuPage Representative

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Date

---

Central DuPage Hospital Representative

---

Date

**REFERRAL BRAINSTORMING WORKSHEET**  
**BRAINSTORM AVAILABLE REFERRAL OPTIONS IN YOUR COMMUNITY<sup>1</sup>**  
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**This tool will assist members of your collaborative brainstorm the referral options in your community. This completed tool will enable you to select community resources to include in your partnership's internal and external referral process.**

**Your Referral and Contact List**

Your referral and contact list might include the following:

**Education/Special Needs**

Special Services/Special Education Director in your local school district:

--

Early Intervention/Child Find Services:

--

**Health and Wellness**

Local Health Department:

--

Primary Health Care:

--

Oral Health Care:

--

Genetics Services:

--

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<sup>1</sup> Adapted from: Mayer R, Anastasi JM, Clark EM, Lorenzo S, Richards JT. 2006. *What to Expect & When to Seek Help: A Bright Futures Referral Tool for Providers*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, in collaboration with the National Center for Education in Maternal and Child Health

Children's Hospitals:

--

Home Health Care:

--

Health Insurance:

--

Poison Control Centers:

--

Professional Associations:

--

**Mental Health and Well-Being**

Community Mental Health Center:

--

Mental Health Professionals:

--

**Family Support/Parenting**

Family Support Groups/Parent Organizations:

--

Child Abuse Prevention and Intervention Services:

--

Community Violence Prevention and Intervention Services:

--

Domestic Violence Prevention and Intervention Services:

--

Faith-Based Support:

--

Marriage and Family Therapists:

--

Services for Military Personnel and their Families:

--

Respite Care for Caregivers or Families of Individuals with Disabilities or Other Special Needs:

--

**Child Care/Early Childhood Education**

Early Head Start:

--

Head Start:

--

Local Child Care Resource and Referral Organizations:

--

Financial Assistance for Child Care:

--

**Other**

--

**REFERRAL FORM FOR FAMILIES<sup>1</sup>**  
**Referral form to be completed by partners for distribution to client families.**  
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This tool may be adapted for use by you and your partner organization to document client referrals to programs within or outside the partnership, offering a record for both the referral source and the program. This form provides a space for the client to decide if information can be shared with referral source.

**Please PRINT to complete this form for referring a child/family for early childhood services.**  
**Also please indicate the feedback that you want to receive from the receiving program in response to your referral.**

**Section 1. Program Referral (☑)**

**REFERRAL TO: (check one)**

<input type="checkbox"/> Medicaid High Risk Infant/Maternal Program	<input type="checkbox"/> CHIP	<input type="checkbox"/> Part C Early Intervention
<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Resource Mothers	<input type="checkbox"/> Early Childhood SPED
<input type="checkbox"/> Loving Steps	<input type="checkbox"/> Project Link	<input type="checkbox"/> Early Head Start/Head Start
<input type="checkbox"/> Appropriate Home Visiting Program	<input type="checkbox"/> Other:	

**Section 2. Who Is Making This Referral?**

Person Making Referral: \_\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Agency/Program: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Office Fax: \_\_\_\_/\_\_\_\_-\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Section 3. Who is Being Referred? (Complete as applicable)**

☐ Child      ☐ Pregnant Woman/Teen      ☐ Mother      ☐ Father      ☐ Family

Name of Infant/Child Being Referred _____		Date of Birth: ____/____/____	Gender: M F
Home Address: _____		City: _____ VA Zip _____	
Primary Parent/Caregiver _____		Relationship to Child: _____	
Primary Language: _____	Home Phone: _____	Other Phone: _____	

<sup>1</sup> Adapted from: Virginia's Home Visiting Consortium Universal Referral Form  
 Referral Form for Families

Name of Pregnant Woman/Teen Being Referred: _____		Date of Birth: _____/_____/_____	EDD _____
Home Address: _____		City _____ Zip _____	
Primary Language: _____	Home Phone: _____	Other Phone: _____	
Name of Parent/Caregiver Being Referred: _____		Date of Birth: _____/_____/_____	Gender: M F
Home Address: _____		City _____ Zip _____	
Primary Language: _____	Home Phone: _____	Other Phone: _____	
Best time to call or visit: _____			

#### Section 4. Reason(s) for Referral and Referral Information (☑)

<input type="checkbox"/> Pregnant	<input type="checkbox"/> Premature Birth	<input type="checkbox"/> Diagnosed medical condition
<input type="checkbox"/> New Parent	<input type="checkbox"/> Teen Pregnancy	<input type="checkbox"/> Custodial Grandparent
<input type="checkbox"/> Child development services	<input type="checkbox"/> Parent Support	<input type="checkbox"/> Well child health
<input type="checkbox"/> Perinatal Depression/other mental health concerns	<input type="checkbox"/> Maternal alcohol/substance use	
<input type="checkbox"/> Parent Education/Support	<input type="checkbox"/> Other reason for referral or more information related to checked areas:	

#### Section 5. Status/Feedback Requested by the Referral Source (☑)

<input type="checkbox"/> Status of Initial Family Contact	<input type="checkbox"/> Services Being Provided to Child/Family	<input type="checkbox"/> Developmental Evaluation Results
<input type="checkbox"/> Child Progress Report/Summary	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Eligibility offered? If so, outcome:	<input type="checkbox"/> Enrollment Accepted	<input type="checkbox"/> Enrollment Declined



**Extent or nature of use/disclosure is limited to: (☑ or list all that apply)**

<input type="checkbox"/> Screening	<input type="checkbox"/> Health/physical information & history	<input type="checkbox"/> Finances & employment
<input type="checkbox"/> Evaluation/Assessment	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Family & interpersonal functioning
<input type="checkbox"/> Treatment/service plan (IFSP/IEP)	<input type="checkbox"/> Prenatal care	<input type="checkbox"/> Services Received
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Substance use & treatment history	<input type="checkbox"/> Other referrals being made
<input type="checkbox"/> Participation in Treatment	<input type="checkbox"/> Mental health information & treatment history	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Medications prescribed	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		

**Specified purpose or need for use/disclosure is:** Referral for Services and Coordination of Care

In order to make a referral and/or coordinate care for myself and/or \_\_\_\_\_ (Child's Name),

I give permission to: \_\_\_\_\_ (Referral Source)

to disclose the protected health information noted above to:

\_\_\_\_\_,  
(Program Name, Street Address, City, State, Zip, Phone/Fax #)

I also authorize the recipient to use the information received pursuant to this authorization. As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person/class of persons to disclose and use protected health information.

Permission is hereby given to: \_\_\_\_\_  
(Program)

to disclose information to: \_\_\_\_\_,  
(Referral Source Name, Title)

\_\_\_\_\_  
(Organization/Program Name)

\_\_\_\_\_  
Street Address/Mailing Address

\_\_\_\_\_  
(City, State, ZIP)

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

I also authorize the recipient to use the information received pursuant to this authorization. As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person/class of persons to disclose and use protected health information. I further acknowledge that:

This authorization \_\_\_does\_\_\_ does not extend to information placed in my record after the date I signed this form.

I acknowledge that I have read and understand the following.

- My treatment will not be affected by my willingness or my refusal to sign this form
- The referral source cannot condition the provision of treatment to me on my signing of this authorization.
- This authorization form or a copy of it will be included with my original records.
- I have the right to revoke this authorization at any time. I am aware that, if I do revoke my authorization, this will not affect any information which has already been released in accordance with this authorization.
- Federal Regulation (42 CFR Part 2) specifically prohibit individuals or agencies from re-disclosing any information regarding alcohol or substance abuse treatment without my specific authorization
- I am aware that any other information disclosed as a result of this authorization may be re-disclosure by the recipient and is, therefore, no longer protected by the provisions of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule or the Family

Education Rights and Privacy Act (FERPA).

**Signature of Individual (adult) or Legally Authorized Representative** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signed** \_\_\_\_\_

If not previously revoked, this authorization will expire in: \_\_\_\_90 Days \_\_\_\_One Year \_\_\_\_On (*specify date or event*) \_\_\_\_\_

The information may be disclosed effective: \_\_\_\_Immediately \_\_\_\_ On (*specify date*) \_\_\_\_\_

# Early Childhood Community Screening Tool<sup>1</sup>

[RETURN TO TOC](#)

Intake Site: \_\_\_\_\_ Date: \_\_\_\_\_  
Form Completed By: \_\_\_\_\_ In-Person/Phone call

Name:	Address:	Town:	Telephone #:
DOB:	Age:	EDC/Child's DOB: Where delivered? _____	Child's age:
Marital Status: Married, Single, Separated, Divorced	Preferred Language:	First-time Parent: Yes / No Support system identified? Yes/No	Total # in household:
	Email Address:		
<b>Optional Information:</b> Income Range: <input type="checkbox"/> \$0-\$20,000 <input type="checkbox"/> \$21,000-\$40,000 <input type="checkbox"/> \$41,000-\$60,000 <input type="checkbox"/> \$61,000 and above <input type="checkbox"/> Not disclosed Education Level: <input type="checkbox"/> K-12 <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Advanced degree			I give permission for the information on this document to be shared with <i>Organization Name</i> and its partners. (Please indicate if verbal consent was received.) _____ _____ Parent's signature <span style="float: right;">Date</span>

## 1. What information are you interested in receiving today?

<input type="checkbox"/> Child development information	<input type="checkbox"/> Parenting information
<input type="checkbox"/> General health information	<input type="checkbox"/> Housing information
<input type="checkbox"/> Counseling services	<input type="checkbox"/> Childcare information
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Other:

Comments: \_\_\_\_\_

## 2. Are there any general or specific concerns for yourself or child?

<input type="checkbox"/> Finding a medical home	<input type="checkbox"/> Early Intervention
<input type="checkbox"/> Parent Support services	<input type="checkbox"/> Substance/Alcohol Abuse
<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Emergency housing/ shelter
<input type="checkbox"/> Other:	

Comments: \_\_\_\_\_

## 3. Are you especially worried or stressed out about anything?

<input type="checkbox"/> Parental stress/concerns	<input type="checkbox"/> Relationship/Marital stress/concerns
<input type="checkbox"/> Financial stress/concerns	<input type="checkbox"/> Housing information
<input type="checkbox"/> Other:	

Comments: \_\_\_\_\_

## 4. Are you currently involved in any programs or services?

<input type="checkbox"/> Child & Family Connections	<input type="checkbox"/> School District: Birth to Three Preschool Special Education
<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Healthy Families
<input type="checkbox"/> Family Case Management	<input type="checkbox"/> Women, Infants, and Children
<input type="checkbox"/> TANF:	<input type="checkbox"/> Other:

<sup>1</sup> Adapted from "Early Childhood Community Screening Tool," Positive Parenting DuPage

5. Would you like information on *Organization Name*? Yes / No?

6. Is there anything else I can help you with today?

Referrals Made:	
Organization	Indicate if contact will be established by <i>Organization Name</i> , Professional, or Parent

Follow- up contact made: Yes/No      Date:	If No, please document attempts made:
Outcome:	

[RETURN TO TOC](#)

Adult's Name \_\_\_\_\_  
 Preferred Language \_\_\_\_\_  
 Child's Name \_\_\_\_\_  
 Child's Birthday \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**COMMUNITY SERVICES (circle as needed)**

Public Assistance

<i>Access to Care of Human Services</i>	<i>Illinois Department of Healthcare &amp; Family Services (Public Aid)</i>	<i>Illinois Department</i>
<b>2225 Enterprise Drive, Suite 2507, Westchester, IL 60154 Ph: 708-531-0680</b>	<b>2701 W. Lake St., Melrose Park, IL 60160 Ph: 708-338-7600</b>	<b>Help Line Ph: 800-843-6154</b>

Medical / Dental Care / All KIDS

<b>All KIDS</b>	<b>Cicero Health Center of Cook County</b>	<b>The Children's Clinic</b>	<b>Town of Cicero Health Dept.</b>	<b>MacNeal Free Pregnancy Testing Clinic</b>
866-255-5437	5912 W. Cermak Rd., Cicero, IL 60804 Ph: 708-783-9800	320 Lake Street, Oak Park, IL 60302 Ph: 708-848-0528	2250 S. 49 <sup>th</sup> Ave., Cicero, IL 60804 Ph: 708-477-6308	Ph: 708 -656-7601
<b>St. Anthony's Hospital</b>	<b>UIC Division of Specialized Care</b>	<b>TB Screening</b>	<b>Berwyn Health District</b>	<b>MacNeal Hospital for Children</b>
Ph: 773-484-1000	Ph: 800-425-1068	Ph: 708-836-8600	Ph: 708-788-6600	<b>Sinai Children's Hospital</b> Ph: 888-287-

Social Services (Medical Card Enrollment Broker, Housing, Utilities, & Other Assistance)

<b>Automated Health Systems, Inc.</b>	<b>Catholic Charities</b>	<b>CEDA Near West</b>
1375 East Woodfield Rd., Ste. 650, Schaumburg, IL 60173 Rd., Cicero, IL. 60804 Ph: 847-610-8400	1400 S. Austin Blvd., Cicero IL. 60804  Ph: 708-222-1491	6141 W. Roosevelt  Ph: 708-222-3824

<sup>31</sup> Shared with Permission from All Our Kids (AOK) Early Childhood Networks 12/15/09

**Supplemental Food Programs****Catholic Charities****CBS Anti Hunger Foundation****CCDPH/WIC****Salvation**

Ph: 708-222-1491

1937 S. 50<sup>th</sup> Ave., Cicero, IL. 60804

Southwest District Office

2337

Laramie, Cicero, IL 60804

(food pantry Mon. &amp; Tues. 9am -12pm, 1-2pm, 222-0177

Ph: 708-863-4913

(Cicero Residents) Ph: 708-974-6160

Ph: 708-

Also on Thur. 2:30-7:30PM)

Tues. 2-5:30pm

West District Office

(food

pantry Mon. - Thur., 1pm-3pm)

(clothing Wed. 10am - 2pm)

(Berwyn Residents) Ph: 708-450-5300

Photo ID

Required

(Mothers &amp; Children / MAC Fri. 9am-12pm)

**Childcare***Illinois Action for Children**The Children's Center of Cicero/Berwyn**St. Mary of Celle Family Center**Morton College*1340 S. Damen, 3<sup>rd</sup> Floor, Chicago Ave., Cicero, IL. 60804

5341 W. Cermak Rd., Cicero, IL 60804

1448 S. Wesley, Berwyn, IL 60402

3801 S. Central

Ph: 312-823-1100

Ph: 708-222-4503

Ph: 708-303-3650

Ph: 708-656-

8000 Ext. 284

**Mental Health / Domestic Violence****Pillars (Fillmore Center) Cicero Community Health Board**

6918 Windsor Ave.,

**Family Service & Mental Health****Center of Cicero**

5341 W. Cermak Rd., Cicero, 60804

Ph: 708-656-6430

**Pillars (C.A.R.E. Center)**

6918 W. Cermak Rd.,

Berwyn, IL. 60402

Ph: 708-788-6759

**Hartgrove Hospital**

5730 W. Roosevelt Rd.,

Chicago, IL 60644

Ph: 773-413-1700

**Town of****Mental**

5410

Ph:

**Sarah's Inn Hotline 24hr Youth Suicide**708-261-0755  
877-778-2275**DCFS Hotline**

800-252-2873

**Adoption Hotline**

866-694-2229

**Fussy Baby Network**

888-431-2229

**Constance Morris House**

708-485-0069

**Mujeres Latinas en Acción**

708-222-1675

**Family Support / Child Support****Family Focus-Nuestra Familia Disabilities**1500 S. 59<sup>th</sup> Ct., Cicero, 60804**IDHFS Child Support Call Center**

Ph: 800-447-4278

**Family Resource Center On**

Ph: 312-939-3513

**Preschool (Pre- K) / Early Intervention & Other Educational Services****CCC/B Head Start (Pre-K) Learning (Pre-K)****CCC/B Early Head Start****Child & Family Connections #7****Foundations for Early**

2831 S. 49 <sup>th</sup> Ave., Cicero Cicero, IL. 60804 Ph: 708-652-1284 1077	2423 S. Austin Blvd. Rm. 140 Ph: 708-652-1220	4415 W. Harrison, Ste. 201, Hillside, IL. 60430 Ph: 708-449-0625	5310 W. 24 <sup>th</sup> Pl. Ph: 708-222-1077
<b>School District #98</b> Ph: 708-484-6200 ext. 107 284)	<b>School District #100</b> Ph: 708-795-2300	<b>School District #99</b> Ph: 708-863-4856	<b>Morton College</b> Ph: 708-656-8000 (Pre-K Ext.

**Immigrant / Legal Assistance**

<b>Catholic Charities Justice Center</b> Imm./Naturalization Ph: 708-329-4031	<b>Cook County Legal Assistance</b> Ph: 312-738-9200	<b>Legal Assistance Foundation</b> Ph: 312-341-1070	<b>Travelers' Aid Chicago</b> (O'Hare Airport, Terminal #2) Ph: 773-894-2427	<b>National Immigrant</b> Ph: 312-660-1390
---	---	--	--	---

**Other**

<b>Heartland Alliance Services</b> 208 S. LaSalle, Chicago Rd., Cicero, IL. 60804 Ph: 312-660-1300	<b>Berwyn Public Library</b> 2701 S. Harlem Ave. Ph: 708-795-8000	<b>Cicero Public Library</b> 5225 W. Cermak Rd. Ph: 708-652-8084	<b>PAV YMCA</b> 2947 S. Oak Park Ave Ph: 708-749-0606	<b>CEDA Teen Parent</b> 6141 W. Roosevelt Ph: 773-459-1911
---	---	--	---	--

**Referral Made By:** \_\_\_\_\_ **Agency** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

---

**Consent:** I authorize an exchange of information between the agencies noted to assure follow-up of this referral only.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

9/08

**SAMPLE REFERRAL FORM**  
**Teen Parent Connection**  
**Screening/ Eligibility Tool (Pilot)**  
[RETURN TO TOC](#)

Referral Date: \_\_\_\_\_

Name of Referring Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone / Email: \_\_\_\_\_

<b>Mother of Baby's Information (and significant other if in the home):</b>
---

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home/ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: ☐ single ☐ married ☐ living w/partner Other \_\_\_\_\_

Language used at Home\*: \_\_\_\_\_ MOB Bilingual: ☐ Yes ☐ No

*\*If not English - prefers services in what language:* \_\_\_\_\_

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ White ☐ Black/ African American ☐ Asian  
☐ American Indian/ Alaskan Native ☐ Native Hawaiian/ Other Pacific Islander  
☐ Other Multi-Racial

<b>Target Child's Information</b>	Parenting Status: (ie target child's birth number) # _____
-----------------------------------	--

If Pregnant:

EDC: \_\_\_\_\_

OB/GYN Info: \_\_\_\_\_

If Delivered

Baby Name: \_\_\_\_\_

Sex: \_\_\_\_\_

D.O.B. \_\_\_\_\_



**Interest in Agency Programs:**

**Childbirth Classes:** ☐ Yes ☐ No ☐ Not Applicable (class not available/ not pregnant)

---

**Doula Program:** Eligible? ☐ Yes ☐ No

☐ Very Interested ☐ Somewhat Interested ☐ Not Interested

Comments: \_\_\_\_\_

---

**Healthy Families Program: Meets TPC Target Population\* Criteria:** ☐ Yes ☐ No

(*<20 yrs old, English speaking, DuPage resident, BA < 3 months*)

☐ Not Eligible (Negative Screen)

☐ Eligible (Positive Screen, mark most appropriate follow-up below)

☐ Interested

☐ Not offered, program at capacity

☐ Declined, not available

☐ Not offered, participant enrolled in another home visiting program.

☐ Declined, other

(specify) \_\_\_\_\_

☐ Referred to other HF program (ie. not eligible for TPC but eligible for other HF program):

---

**Parent Groups:** ☐ Yes ☐ No ☐ Not Eligible

Site preference: \_\_\_\_\_

Date Screening Completed: \_\_\_\_\_

Person Completing Screen: \_\_\_\_\_ Phone/ Email: \_\_\_\_\_

**Healthy Families Screening / Eligibility Tool**

Screen Result: ☐ Positive ☐ Negative

	Primary Risk Factors ( <i>Positive if any one is true</i> )	T/F	Comments
1	History of depression/ anxiety or other mental health concerns		
2	Past/ current alcohol abuse		
3	Past/ current substance use/ abuse		
4	History of violence (i.e., domestic/ partner, family, other)		
5	Late prenatal care (second trimester or later)		
6	Abortion sought/attempted during this pregnancy		
	Secondary Risk Factors ( <i>Positive if two are true</i> )	T/F	Comments
1	Mother is unemployed or under-employed		
2	Family has trouble paying for basic living expenses ( <i>i.e. food/ housing</i> )		
3	Partner is unemployed or underemployed		
4	Family has unstable housing		
5	Mother is isolated ( <i>no phone or no transportation</i> )		
6	Support system is inadequate ( <i>no friends/ family available to assist</i> )		
7	Relationship or family problems		
8	Mother has less than HS/ GED education ( <i>if inappropriate for age</i> )		
9	Other issue(s) which place family at risk for child maltreatment ( <i>specify</i> ):		
<b>Comments:</b>			

Room: \_\_\_\_\_

Case # \_\_\_\_\_

MR #: \_\_\_\_\_

Mother's chart note: \_\_\_\_\_

**SAMPLE REFERRAL FORM**  
**HEALTHY FAMILIES FLORIDA RECORD SCREEN/ REFERRAL FORM<sup>1</sup>**  
[RETURN TO TOC](#)

Mother's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ F.O.B./ Birthday/D.O.B.: \_\_\_\_\_

Baby's Name: \_\_\_\_\_ Date of first prenatal visit: \_\_\_\_\_

EDC: \_\_\_\_\_ Delivered: \_\_\_\_\_ G\_\_P\_\_ITOP\_\_SA\_\_C/S\_\_ VAG\_\_

**INFANT:**

Gram weight: \_\_\_\_\_  
GA

Sex: M/F  
APGARS

Nursery Care: NICU ECN NORM U  
Other info

**Answer each other the following 15 statements with T for true, F for false or U for unknown.**

1. \_\_\_ Marital status: Single, Separated, Divorced (*Circle one*)
2. \_\_\_ Partner unemployed
3. \_\_\_ Inadequate income or no information regarding source of income
4. \_\_\_ No permanent housing
5. \_\_\_ No phone
6. \_\_\_ No high school diploma or GED
7. \_\_\_ Inadequate emergency contacts
8. \_\_\_ Late prenatal (later than 12 wks.), poor compliance or no prenatal care (*Circle one*)
9. \_\_\_ History of substance abuse
10. \_\_\_ History of abortions
11. \_\_\_ Abortion unsuccessfully sought or attempted
12. \_\_\_ Relinquishment for adoption sought or attempted
13. \_\_\_ History of psychiatric care
14. \_\_\_ Marital or family problems
15. \_\_\_ History of, or current, depression

**Income** (*Circle one*)

\$0 - 9,999

\$10,000 – 19,999

\$20,000 – 24,999

\$25,000 +

9-12

HS/GED

**Education** (*Circle One*)

K-5

6-8

Degree

Spec. Ed.

Tech. Sch.

Some College

College

Unknown

---

<sup>1</sup> Healthy Families Florida

**Health Insurance** *(Circle One)*

Medicaid

Medically Needy

No Insurance

Other \_\_\_\_\_

**Ethnicity Categories** *(Circle One)*

American Indian / Alaskan Native

Asian / Pacific Islander

Hispanic / Latino

White – not Hispanic Origin

African American – not Hispanic Origin

Other (include multi-racial in Other)

**INVOLVEMENT** *(circle all appropriate)*

WIC

Social Security SSI

Healthy Start

Mental Health

Crisis Center

Homebound Schooling

WAGES/ TANF

DCF/ Child Protection System

Other \_\_\_\_\_

Notes: \_\_\_\_\_

Physicians:      Obstetrician: \_\_\_\_\_      Pediatrician: \_\_\_\_\_

Form completed by (Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_)

**SAMPLE REFERRAL FORM**  
**HEALTHY FAMILIES DUPAGE SCREEN/ REFERRAL RECORD**  
[RETURN TO TOC](#)

When completed, fax to: LIFELINK, ATTN: \_\_\_\_\_ FAX NO: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ DOB/MOB: \_\_\_\_\_ EDC: \_\_\_\_\_

Trimester Assessed:                      1<sup>st</sup>                      2<sup>nd</sup>                      3<sup>rd</sup>                      Post

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Phone: \_\_\_\_\_ FOB/DOB: \_\_\_\_\_ FOB's Age: \_\_\_\_\_

MOB's Age \_\_\_\_\_ Cornerstone # \_\_\_\_\_

<b>Yes</b>	<b>No</b>	<b>Unknown</b>	1. Non-English Speaking/ Language Spoken: _____
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	2. First Child
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	3. Marital Status: Single, Separated, Divorced
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	4. Late Prenatal, No PNC, Poor Compliance
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	5. MOB <u>Not</u> Employed
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	6. FOB <u>Not</u> Employed
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	7. Inadequate Income Per Patient or No Information
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	8. Unstable Housing
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	9. <u>No</u> Phone
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	10. MOB Education <u>Under</u> 12 Years
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	11. Inadequate Emergency Contacts
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	12. History of Substance Abuse
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	13. History of Abortions
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	14. History of Psychiatric Care
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	15. Abortion Unsuccessfully Sought or Attempted
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	16. Relinquishment for Adoption Sought or Attempted
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	17. Marital or Family Problems
<b>Yes</b>	<b>No</b>	<b>Unknown</b>	18. History of or Current Depression

NOTE: Referrals are made to assessment: - If MOB is 19 or younger and yes on #1 and #2

**ABBREVIATION CODES:**

HFD – Healthy Families DuPage

MOB – Mother of Baby

FOB – Father of Baby

CPS – Children Protected Services

**FOR HEALTH DEPARTMENT USE ONLY****DISPOSITION – PLEASE SIGN AND DATE:**

Screening: \_\_\_\_\_

Assessment: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Superv. Review: \_\_\_\_\_

Family Support: \_\_\_\_\_

**FOR ASSESSMENT USE ONLY****SCREEN RESULT:** \_\_\_\_\_ Negative \_\_\_\_\_ Positive**SCREENED POSITIVE NOT ASSESSED**

\_\_\_ Refused \_\_\_\_\_ Adoption \_\_\_\_\_ Terminated

\_\_\_ No Contact/ Response \_\_\_\_\_ Moved

\_\_\_ Deceased Baby \_\_\_\_\_ Out of Country

\_\_\_ Baby Over 3 Months of Age \_\_\_\_\_ Miscarried

\_\_\_ MOB Over 19 Years of Age \_\_\_\_\_ Incarcerated

\_\_\_ Other \_\_\_\_\_

**ASSESSMENT RESULT****SCORE****MOB****FOB**

\_\_\_ Negative \_\_\_ Positive \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME VISITOR SERVICE**

\_\_\_ HFDuPage/Lifelink

\_\_\_ DCHD/ FCM

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Refused HFDuPage

FOB Involved

**Yes****No****Unknown**

MOB in Legal System

**Yes****No****Unknown**

FOB in Legal System

**Yes****No****Unknown**

FOB Language: \_\_\_\_\_

MOB Highest Grade: \_\_\_\_\_

FOB Highest Grade: \_\_\_\_\_

MOB's Living Situation: \_\_\_\_\_

FOB's Living Situation: \_\_\_\_\_

Home Visitation Study

**Yes****No**

**Pre-School For All Program: Eligibility Checklist/ Check-Out<sup>1</sup>**

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Child's Name: \_\_\_\_\_ Date of Screening: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last Month Day Year

**PLEASE CHECK ALL THAT APPLY**

- 5\_\_\_ English is not spoken as first language in the home
- 5\_\_\_ Low income/ unemployment
- 5\_\_\_ Parent(s) did not complete high school
- 5\_\_\_ Two or more screeners indicate concern
- 5\_\_\_ Disability of child/early intervention eligibility
- 5\_\_\_ Behavioral concerns
- 5\_\_\_ Family history of transience or currently homeless (or sharing the housing of other persons due to loss of housing)
- 5\_\_\_ Child turned 4 prior to September 1<sup>st</sup> and is kindergarten eligible for next school year
- 5\_\_\_ Single-parent household/ blended family/ foster family
- 5\_\_\_ Receive community resources: Identify: \_\_\_\_\_
- 4\_\_\_ Multiple children under age 5
- 4\_\_\_ Child is from multiple birth (twin, triplet, quad)
- 4\_\_\_ Age of mother at birth of this child 18 years or younger
- 4\_\_\_ Chronic or terminal illness of 1 household family member or child (MD, MS, Cancer, Lupus, etc.)
- 4\_\_\_ History of alcohol or drug abuse in family
- 4\_\_\_ Referral from other agency (CFC, Metropolitan Family Services, etc.)
- 4\_\_\_ History of abuse in family
- 4\_\_\_ Parent incarcerated/ past history of incarceration or parent deceased
- 4\_\_\_ Receiving additional services (i.e. speech, mental health, etc.) and/or Speech Language Pathologist indicates need for intervention
- 4\_\_\_ Low birth weight/Failure to thrive/ Premature
- 3\_\_\_ Siblings who are older are experiencing academic difficulties or are receiving special services
- 3\_\_\_ Health concerns: Identify: \_\_\_\_\_
- 3\_\_\_ Attends no program (No child care or other prekindergarten)

<sup>1</sup> Woodridge School District 68: 7925 Janes Avenue, Woodridge, IL 60517. (630) 985-7925.



\_\_\_\_\_ POINTS IN CHECKLIST

+ \_\_\_\_\_ POINTS IN SCREENING OBSERVATIONS (See below for total to be entered here)

= \_\_\_\_\_ **TOTAL POINTS** (See below for Eligibility, Referrals/ Evaluations needed, Enrolled/ Exit, etc.)

\*\*\*\* *Children are eligible if:*

**They show a delay in any 2 areas measured by the screening instrument** (ASQ and screening tool).

**They show a delay in any one area and score 5 or more on risk factors** (ASQ and screening tool).

**They are questionable in an area and score above 8 on the risk factors** (ASQ and screening tool).

**They score a 12 or above on the risk factors.**

**They attended the Preschool for All program during the previous year.**

**Ages & Stages Questionnaire Completed by:** \_\_\_\_\_

**Screening:**

**Vision and Hearing:**

Hearing:    \_\_\_ Pass    \_\_\_ Rescreen    \_\_\_ CNT  
Vision:      \_\_\_ Pass    \_\_\_ Rescreen    \_\_\_ CNT

**Lower Scores:**    \_\_\_ Communication    \_\_\_ Problem Solving    \_\_\_ Fine Motor  
                         \_\_\_ Gross Motor    \_\_\_ Personal/ Social    \_\_\_ No concerns

**Play Based Screening Concerns:**    \_\_\_ None    \_\_\_ Communication/ Language  
                         \_\_\_ Cognitive/ Academic    \_\_\_ Fine Motor    \_\_\_ Gross Motor  
                         \_\_\_ Social/ Emotional    \_\_\_ Other: \_\_\_\_\_

**Referrals/ Evaluations Needed:**

\_\_\_ Speech/ Language Rescreen    \_\_\_ Speech/Language Evaluation  
\_\_\_ Hearing/ Vision Referral    \_\_\_ Special Education Referral  
\_\_\_ Other

**Child Qualified/Eligible for Preschool for All Service?**

\_\_\_ Yes, eligible    \_\_\_ No, ineligible  
\_\_\_ Other, explain: \_\_\_\_\_

**Child Enrolled in the Preschool for All Program?**    \_\_\_ Yes    \_\_\_ No

**Date Enrolled in the Preschool for All Program**    \_\_\_/\_\_\_/\_\_\_\_\_

**Date Exited the Preschool for All Program**    \_\_\_/\_\_\_/\_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Screening Observations (each worth 1 point)**

\_\_\_ Unable to separate    \_\_\_ Unsteady or awkward  
\_\_\_ Crying or whimpering    \_\_\_ Distracted  
\_\_\_ Unusually quiet/withdrawn

## **B. Develop A Financing Strategy**

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Sometimes the most difficult part of collaboration is to agree on the budget. The first step to a collaborative budget is sharing information, their funding sources, the rules governing utilization of funds and their funding cycles.

If the collaborative includes community members or others who are not acquainted with working funders, the collaborative should assign someone to explain some basic concepts: major funders in the field, RFPs, grant-writing, etc.

A good collaborative budget recognizes the monetary contributions that different members make, but also other kinds of contributions. If all kinds of contributions are recognized and tabulated, it is easier for members to appreciate each other.

Tools included in this section:

- A COLLABORATIVE BUDGET
- INTERNAL AUDIT SHEET
- EXAMPLE OF JOINT FUNDING AGREEMENT
- WHAT DONORS WANT FROM YOU

### STRATEGIES FOR COLLABORATIVES: A COLLABORATIVE BUDGET

Filling out this sheet is a helpful way to keep track of all member contributions<sup>1</sup>

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MEMBER	MONEY	WORK HOURS	KNOW-HOW	IN-KIND GOODS	OTHER
<b>TOTAL NEEDED:</b>					

---

<sup>1</sup> From “Building Community Collaboratives,” Family Resource Coalition of America, p. 47.  
A Collaborative Budget

## INTERNAL AUDIT SHEET<sup>1</sup>

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Use this sheet to do an internal audit for your organization as described in Step 3 of this section. Depending on the size of your organization, you may need to add additional pages, or further separate some of the categories. On the other hand, many of the costs listed will not be applicable to smaller groups.

*To use this sheet, do the following:*

1. First, list the funding you have (or for future years, anticipate having) from each source in the appropriate box.
2. Next, add up the funding from each source for every year. Write these totals in the box marked **Total of funding from all sources**.
3. Next, go to the second half of the table, **Amount of expenses**. Write in all of your current and anticipated expenses for each year. The cells in grey should be totaled in the white cells above them. For example, the cost of each staff member should be written out individually, and the total of all of the staff costs should be added in **Total Personnel Costs**. A similar process should take place for **Total Program Costs**.
4. Next, add up the expenses for each year. Do NOT include the grey cells in this figure, as they will be added in under the subtotals for personnel and program costs. Write these figures in the **Total of all expenses for each year**.
5. Finally, subtract the amount in **Total of all expenses** from the **Total of funding from all sources** for each year. If you have a positive number, you have a real or projected budget surplus - your organization has extra money, and is in the black. If the number you have found for a given year is negative, you have a real or projected deficit for that year - you are in the red, and will need to find additional resources.

<b>6. Confusing? See <a href="#">Examples</a> for a filled out version of this table. Internal Audit Sheet</b>					
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Amount of Funding</b>					
Funding from Source 1:					
Funding from Source 2:					
Funding from Source 3:					
Funding from Source 4:					
Funding from Source 5:					
<b>Total of funding from all sources</b>					
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Amount of Expenses</b>					
Staff # 1:					
Staff # 2:					
Staff # 3:					

<sup>1</sup> Adapted from the Community Tool Box, University of Kansas, <http://ctb.ku.edu>.

Staff # 4:					
Staff #5:					
Total Personnel Costs (list title and % FTE)*					
Program #1:					
Program #2:					
Program #3:					
Total Program Costs**					
Travel					
Equipment					
Supplies					
Printing					
Media/Publicity					
Phone/fax					
Postage					
Miscellaneous					
Rent/housing					
Utilities					
Amount paid on debt					
<b>Total of all expenses</b>					

\* For personnel costs, include salary and the cost of fringe benefits. FTE = full time employment

\*\* Remember to take personnel costs out of program costs, as they are listed separately.

## EXAMPLE OF JOINT FUNDING AGREEMENT

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Name of Individual from Organization B  
Name of Organization B

Date

Re: Organization A Program Agreement

Organization A and Organization B are collaborating together and with other leading school districts in Kane, DuPage, Will, and Kendall Counties in an exciting opportunity for early childhood professionals: the **ISBE Early Childhood Teacher Preparation grant**. We plan to offer early childhood teachers who currently hold a B.A. and who are working in state pre-K (schools or centers) the Type 04 certification with a Master's degree. In doing some groundwork, we believe we will have people interested in attaining certification but who will need a full offering of professional education course work to meet Type 04 certification requirements and standards. Given the amount of work some of these applicants will need to do, we feel it makes sense to offer them the option of a master's degree with the certification. This would then contribute to the system highly qualified teachers who would feel confident in making the commitment to stay in state pre-k teaching positions and really make an impact on the high-risk populations they serve.

Organization A and Organization B enter into this agreement to help recruit and secure commitment from teacher candidate applicants for Erikson's proposed Master's with certification program for communities in need of Type 04 teachers. The project will also identify and participate in problem solving to eliminate barriers to certification for applicants.

Organization B will be paid \$7,500 for these services. Either party may terminate this agreement upon 90 days written notice to the other party.

Organization B agrees to provide to Organization A, upon written request, a certificate of insurance attesting to its general liability coverage for itself and its employees with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate for the duration of the agreement.

Organization A

Organization B

\_\_\_\_\_  
Authorized Signature and date

\_\_\_\_\_  
Authorized Signature and date

Organization A Individual  
Vice President, Finance  
Organization A Address  
Chicago, IL

## WHAT DONORS WANT FROM YOU<sup>1</sup>

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What follows is a list of desires that are typical of many groups of donors, such as government agencies, foundations, and individual donors. By knowing what members want, you will be able to target your marketing to their desires.

All of these suggestions should be taken as a starting point. Just as different nonprofit organizations want very different things, different donors will have their individual desires as well. It's *your* job to figure out what they are, and how your organization can best fulfill them.

*Government agencies (federal, state, city, or county) want:*

- A carefully defined set of services, provided by a carefully defined set of people, in a set period, often in a set manner, with no audit exceptions, and with all paper work in on time.
- Generally, government representatives want you to know regulations cold.
- You should meet all of their regulatory and bureaucratic wants.
- You might also design specific materials (such as reports or brochures) using needs and keywords of government. They should emphasize outcomes, quality, and certification levels.

*Members want:*

- Clear, tangible benefits that they actually receive.
- Updates on what the organization is doing.

*Foundations want:*

- Innovative projects that meet their criteria.
- A demonstration of strong community support.
- Self-sustainability within approximately three years.
- Usually, they want general information, such as your mission, history, and goals.
- Letters of endorsement from community leaders or collaborators can be helpful.

We should note here that foundations are a slightly different case than other potential donors. Many times, they are located across the country, and each may be unique in its desires and goals. Talk to program officers of foundations if you can, and ask what they like to see most and least in applications. Read the foundation press and consider getting help from an experienced, successful grant writer.

*United Ways* are an excellent source of funding for many small community organizations. They want:

- Guidelines for funding met precisely.

If your United Way does needs assessments, make sure that you participate so that your service area needs are included.

*Donors, both individual and corporate, have wants that vary widely. Some want:*

- To support a program.
- To support an endowment.
- Some want to be visibly thanked for your contribution; many others don't. Ask.
- Organizations should learn who is most likely to donate, and focus energies on these potential donors.

---

<sup>1</sup> From Peter Brinckerhoff's *Financial Empowerment: More Money for More Mission*. Used with permission.

*Users who pay fees want:*

- High quality and value for their money. Note that we say value, not low prices. Many people who pay fees won't balk at a high price tag if they feel they are getting a lot out of it. For example, a group of tourists may willingly pay ten or twenty dollars to tour a historical site if they have heard that it is particularly beautiful, or that the guide is exceptionally charming.

While this list gives many of the more common ways for a nonprofit organization to raise money, it isn't meant to be a complete list. Does your group have other potential means of funding? What are they?



#### SECTION IV: ASSESSING PROGRESS

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If a collaborative effort is to be truly effective, members must build in a plan to check progress along the way and adjust work as needed. Developing a plan for continuous evaluation and improvement of efforts is important for three reasons. First, it enables the collaborative to see if it is meeting the agreed-upon goals, benchmarks, and outcomes. Second, it provides a feedback loop from the community to ensure that community needs and goals are being met. Finally, it provides the collaborative with an opportunity to respond to changes within the environment that necessitate a change in service provision or in the collaborative's overall vision (e.g., if the largest employer in the community closes shop).

Tools in this section support collaborators in evaluating goals and creating opportunities for the community to provide input into the feedback process. Accomplishments should be reported to stakeholders regularly. The following is a list of tasks for this stage. Each task will be further defined, followed by available tools.

- A. Develop evaluation plan**
- B. Troubleshooting**

## A. Develop Evaluation Plan

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To measure how well your collaborative is meeting its goals and realizing its vision, you need to do an evaluation. There are three basic questions to ask about your programs and activities:

- (a) Was the activity done?
- (b) Did it meet its benchmark objectives?
- (c) Does the activity contribute to the goals of the collaborative?

Question (a) is usually easy to answer, but completing an activity doesn't necessarily get you closer to achieving the goals of the collaborative. Question (c) is more substantial, but usually takes a long time to determine.

**Benchmark objectives** identify specific, measurable points between the current reality and the **goal**, and both are substantive and possible to measure on the short term, so evaluators spend a lot of time answering question (b). The following is a list of potential tools to consider when conducting your evaluation.

Tools included in this section:

- LOGIC MODEL WORKSHEET
- TOOLS FOR PERFORMING A SWOT ANALYSIS
- PARTNERSHIPS AND COLLABORATIVES: DIAGNOSTIC TOOL FOR EVALUATING GROUP FUNCTIONING
- PURPOSEFUL PARTNERSHIPS IN THE COMMUNITY INTEREST
- LOCAL COLLABORATIVE ASSESSMENT OF CAPACITY
- KEEPING FIT IN COLLABORATIVE WORK: A SURVEY TO SELF-ASSESS COLLABORATIVE FUNCTIONING
- COLLABORATIVE SELF-ASSESSMENT
- SELF-ASSESSMENT/SELF-IDENTIFICATION TOOL: EVALUATION OF AN ORGANIZATION IN AN EXISTING PARTNERSHIP
- SURVEY FOR COLLABORATIVE MEMBERS
- DIAGNOSING THE HEALTH OF YOUR COALITION ASSESSMENT INSTRUMENT (WITH SCORE SHEET)
- CLIMATE DIAGNOSTIC TOOL: THE SIX R'S OF PARTICIPATION
- EVALUATION REPORT OUTLINE

## LOGIC MODEL WORKSHEET<sup>1</sup>

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By completing the below logic model, you can better understand, implement, evaluate, and communicate about your program.

### **Components of your logic model**

- **Program title**  
What is the title of your program?
- **Situation statement**  
What is the problem or issue that your program is addressing?
- **Inputs**  
What goes into your program (such as money, staff, time)?
- **Outputs**  
What do you do in your program and who do you reach?
- **Outcomes**  
What are the results of your program?
- **Assumptions**  
What are your beliefs about our program, the people involved, and the way the program works?
- **External factors**  
What factors outside of your program impact the way your program works?

For more information on logic models, please see <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>.

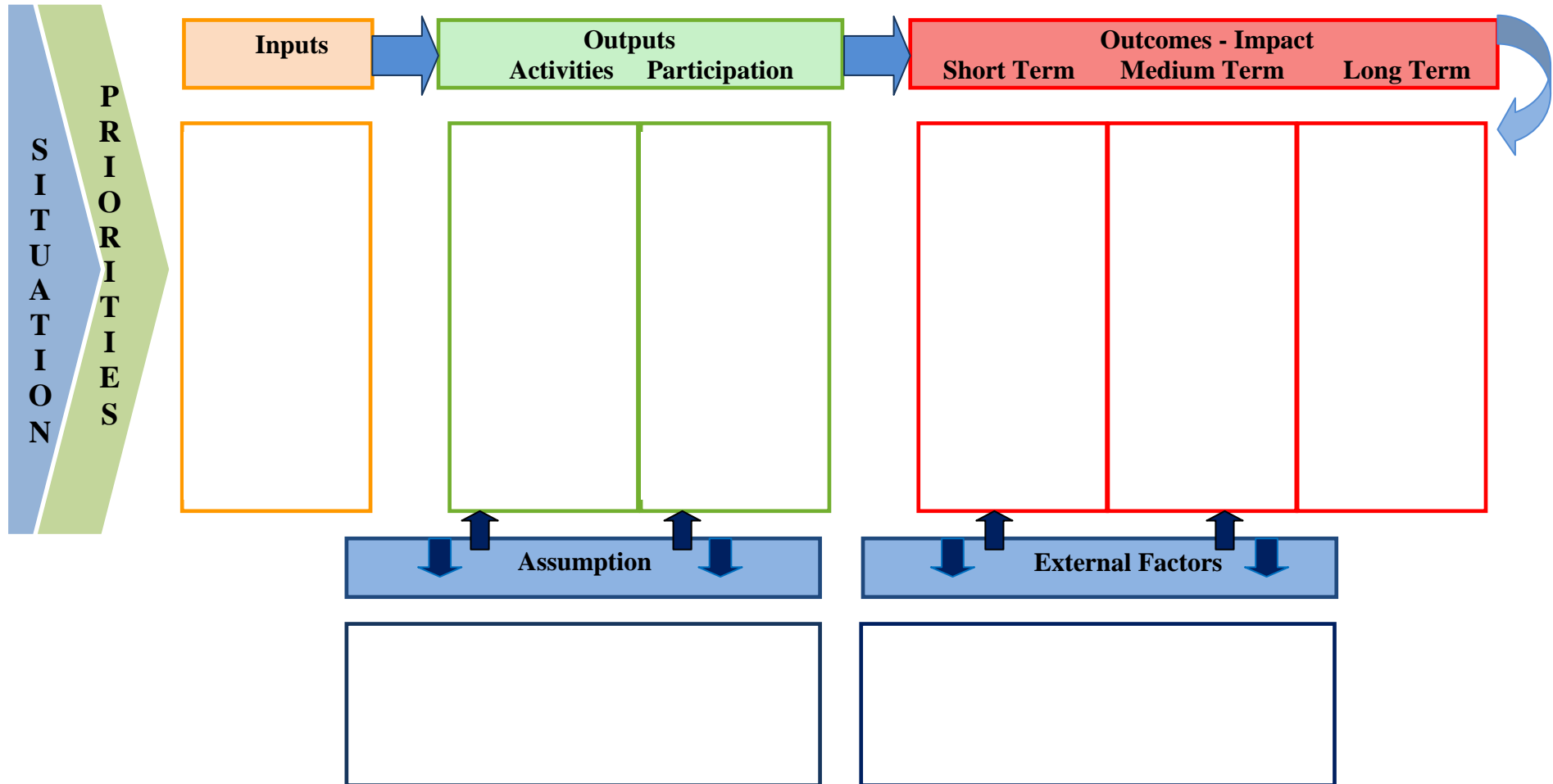
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<sup>1</sup> Adapted from the University of Wisconsin – Extension  
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

# LOGIC MODEL WORKSHEET

Program title:

Situation Statement:



**TOOL FOR PERFORMING A SWOT  
(STRENGTHS, WEAKNESSES, OPPORTUNITIES & THREATS) ANALYSIS<sup>1</sup>**  
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Here are some general questions in each SWOT category to prompt analysis of your organization, community, or effort. This tool may be especially helpful to informal partnerships and information exchange groups; these questions may serve as the basis for a conversation among partners without formal designation of responsibilities

	POSITIVES	NEGATIVES
<b>INTERNAL</b>  Human resources Physical resources Financial resources Activities and processes Past experiences	<b>Strengths</b>  What are your own advantages, in terms of people, physical resources, finances?  What do you do well? What activities or processes have met with success?	<b>Weaknesses</b>  What could be improved in your organization in terms of staffing, physical resources, funding?  What activities and processes lack effectiveness or are poorly done?
<b>EXTERNAL</b>  Future trends - in your field or the culture The economy Funding sources (foundations, donors, legislatures) Demographics The physical environment Legislation Local, national or international events	<b>Opportunities</b>  What possibilities exist to support or help your effort-- in the environment, the people you serve, or the people who conduct your work?  What local, national or international trends draw interest to your program?  Is a social change or demographic pattern favorable to your goal?  Is a new funding source available?  Have changes in policies made something easier?  Do changes in technology hold new promise?	<b>Threats</b>  What obstacles do you face that hinder the effort-in the environment, the people you serve, or the people who conduct your work?  What local, national or international trends favor interest in other or competing programs?  Is a social change or demographic pattern harmful to your goal?  Is the financial situation of a major funder changing?  Have changes in policies made something more difficult?  Is changing technology threatening your effectiveness?

<sup>1</sup> Adapted from the Community Tool Box, University of Kansas, <http://ctb.ku.edu>  
Tool for Performing a SWOT



**Partnerships and Collaboratives: <sup>1</sup>**  
**Diagnostic Tool for Evaluating Group Functioning**  
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*Instructions:* Each person in the group should indicate how he or she feels the collaborative is functioning by circling the number on each scale that is most descriptive of where the group is currently. Then, the group should discuss each item and what actions are needed.

**Shared Vision**

We do not have  
a shared vision

We have a shared and  
clearly understood vision

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Goals and Objectives**

Members do not understand  
goals and objectives

Members understand and agree  
on goals and objectives

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Responsibilities and Roles**

Roles and responsibilities  
of members are not clear

Members are clear  
about their roles

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Decision Making Procedures**

We do not have effective  
decision-making procedures

We have effective  
decision-making procedures

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Changing Membership**

We do not have procedures  
for changing members

We have procedures  
for changing members

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Conflict Management**

Conflict keeps us from  
doing anything

We are able to manage  
conflict successfully

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Leadership**

Leadership is not shared  
and is inadequate

Leadership is effective and  
shared when appropriate

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Action Plans**

We do not follow  
work plans

Plans are well developed  
and followed

1	2	3	4	5	6	7
---	---	---	---	---	---	---

---

**Relationships/ Trust**

---

<sup>1</sup> Based on Internal Collaborative Functioning Scales, p. 89, in *Evaluating Collaboratives: Reaching the Potential* (G3658-8). Ellen Taylor- Powell, Boyd Rossing and Jean Geran. 1998. University of Wisconsin-Extension.

Members don't trust each other	1	2	3	4	5	Members trust each other	6	7
<hr/>								
<b>Internal Communication</b>								
Members do not communicate well with each other	1	2	3	4	5	Members communicate well with each other	6	7
<hr/>								
<b>External Communication</b>								
We do not communicate well externally	1	2	3	4	5	Our external communication is open and timely	6	7
<hr/>								
<b>Evaluation</b>								
We never evaluate our performance	1	2	3	4	5	We have built evaluation into all of our activities	6	7
<hr/>								



## PURPOSEFUL PARTNERSHIPS IN THE COMMUNITY INTEREST

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1. Is the collaboration/partnership focused on an issue you feel passionate about?

**Yes**

**No**

2. Are others in your group passionate about the issue?

**Yes**

**No**

*You have a lot going for you.*

*Bail out if you can.*

3. Are you willing to commit your resources—money, time, and talents so this can succeed?

**Yes**

**No**

*Great start!*

*QUIT NOW*

4. Does the partnership/collaboration have the community's best interest in mind?

**Yes**

**No**

*You're halfway there!*

*Can you shift the group toward the community interest? If not, reconsider whether you really want to be part of this group.*

5. Are the right people involved in the collaborative?

**Yes**

**No**

*Can you do something about getting the right people involved?*

**Yes**

**No**

*Trust the group to get you where you need to be.*

*Go for it!*

*Reconsider how effective this group can be. Bail out if you can.*

6. Is the group going nowhere because of group process failure?

**No**

**Yes**

*Then you're on a roll  
—KEEP GOING!*

*Get help. Find a person skilled in group facilitation.*

**LOCAL COLLABORATIVE ASSESSMENT OF CAPACITY<sup>1</sup>**  
**DEVELOPED BY CENTER FOR COLLABORATION FOR CHILDREN**  
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This instrument is intended to serve as a guide for a county collaborative which wishes to do a self-assessment of its progress in building its own capacity to improve outcomes for children and families. This self-assessment asks a series of questions about ten elements of collaborative capacity as a way for helping collaborative members determine how far they have progressed.

A team may wish to add other items which it believes to be fuller reflections of the work undertaken by the collaborative. It may also want to set aside some of these as inappropriate or premature. These items are offered as suggestions, since they occur as elements of the work program of one or more county collaboratives in California.

**Governance and Accountability**

	Agree			Disagree	
1. Our collaborative has agreed upon an annual, public review of the outcomes which we have set as the indicators of our success in meeting our goals.	1	2	3	4	5
2. Our collaborative has agreed upon a common agenda which commits the members to providing new and redirected funding to achieve our shared goals.	1	2	3	4	5
3. Our collaborative has set a clear, limited number of priorities in a way to enable us to devote concentrated resources to these priorities.	1	2	3	4	5
4. Our collaborative has translated our priorities and outcomes measures into budget commitments from members of the collaborative that will be carried out in the year ahead.	1	2	3	4	5
5. Our collaborative has designated specific target groups, programmatic approaches, geographic areas, or crosscutting areas of emphasis. These target groups, based on age, ethnicity, geography, or other need factors, have been selected for priority attention.	1	2	3	4	5
6. Our collaborative has broadened its membership and its outreach to other groups to make us more representative of the whole community we serve and the clients we seek to help.	1	2	3	4	5
7. Our collaborative includes a significant number of agencies and members who are committed to substantial roles in its work; it is not dominated by one or two agencies, with other member seeing the collaborative as marginal to what they do.	1	2	3	4	5
8. Our collaborative has actively engaged front-line workers and their representatives in the process of making changes in the way agencies serve children and families.	1	2	3	4	5
9. Our collaborative has been given a major role in decision-making about children and families by the policy leader of our community.	1	2	3	4	5

**Outcomes**

	Agree			Disagree	
10. Our collaborative has successfully come to an agreement on the most important goals that we share and the outcomes measures by which we will assess whether we have achieved them.	1	2	3	4	5
11. Our collaborative has agreed upon a timetable and a process for moving toward results-based budgeting and has allocated resources needed to carry out this change.	1	2	3	4	5
12. Our collaborative has agreed upon a process for upgrading our interagency data collection and analysis over the next two years.	1	2	3	4	5
13. Our collaborative has agreed upon new and redirected resources to be	1	2	3	4	5

<sup>1</sup> Developed by the Center for Collaboration for Children

used for upgrading our interagency data collection and analysis capacity over the next two years.					
14. Our collaborative has developed an inventory of current funding sources for programs for children and families.	1	2	3	4	5
15. Our collaborative has developed data on overlapping populations in need, including data matching across programs and agencies.	1	2	3	4	5
16. Our collaborative has begun assessing the impact of recent budget cuts on populations in need in our community.	1	2	3	4	5
17. Our collaborative annually tracks the referrals made to agencies in the community to determine the effectiveness of agencies in meeting those referred needs; we use referral patterns as part of our needs assessment.	1	2	3	4	5
18. Our collaborative has selected priorities among ongoing programs, which we intend to evaluate against standards of effectiveness over the next 1-3 years.	1	2	3	4	5

### **Financing**

	Agree			Disagree	
19. Our collaborative has developed an inventory of total spending on children and families and a summary of the most important items in the governmental budgets that affect children and families, broken out by categorical area and federal, state, local, and private funding sources.	1	2	3	4	5
20. Our collaborative has done detailed budget analysis that has enabled us to review the projected, future-year of current trends in caseloads and spending.	1	2	3	4	5
21. Our collaborative has done detailed budget analysis that has enabled us to review the projected, future-year costs of current trends in caseloads and spending.	1	2	3	4	5
22. Our collaborative has developed a summary of the most important items in other governments' and agencies' budgets that affect children and families, including the United Way, cities, and school districts.	1	2	3	4	5
23. Our collaborative has set aside resources for improving the staffing of the collaborative from redirected sources within member's agencies' budgets.	1	2	3	4	5
24. Our collaborative has been able to review new external funding opportunities in light of our own priorities and has not been driven by outside funders' agendas in deciding to seek such funding.	1	2	3	4	5
25. Our collaborative has developed a multi-year revenue strategy that addresses the issues of the sources of funding for children and family programs and identifies areas where revenues and related spending may be disproportionate.	1	2	3	4	5
26. Our collaborative has selected and carried out re-allocation of current resources affecting children and family programs which have been adopted as formal policy priorities of the county.	1	2	3	4	5
27. Our collaborative has developed a strategy for responding to block grants as they affect children and families in our communities.	1	2	3	4	5

### **Mobilizing non-financial resources**

	Agree			Disagree	
28. Our collaborative has developed a formal plan for identifying and mobilizing non-financial resources from throughout our community.	1	2	3	4	5
29. Our collaborative has developed an inventory of community assets including mutual aid, self-help, and support groups.	1	2	3	4	5
30. Our collaborative has secured major commitments of non-financial resources from groups and individuals in our community as part of our program strategies.	1	2	3	4	5
31. Our collaborative is staffed so that we can conduct continuing	1	2	3	4	5

outreach to community-based, self-help groups who provide supports to families.					
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### **Community and parent ownership**

	Agree			Disagree	
32. Our collaborative has developed ways of gaining feedback and involvement of community residents and parents which are not dominated by service provider points of view.	1	2	3	4	5
33. Our collaborative has debated the difference between token and non-token roles for parents and community residents, and has provided specific opportunities for parents and residents to become providers, evaluators, and policymakers.	1	2	3	4	5
34. Our collaborative has designed programs to be open to parent and citizen participation, including ways in which participants can reimburse providers for the services they receive, with funding or in-kind services.	1	2	3	4	5
35. Our collaborative has revised programs or reallocated resources in response to comments from the consumers of services.	1	2	3	4	5
36. Our collaborative has worked to staff itself and involve a range of groups from within the community so that we are able to interact effectively with the ethnic and linguistic groups from throughout the community.	1	2	3	4	5
37. Our collaborative has addressed the problem of citizen representatives working across multiple initiatives in ways that increase the numbers of individuals providing representation and link the different forums in which representation is exercised.	1	2	3	4	5

### **Staff and Leadership Development**

	Agree			Disagree	
38. Our collaborative has developed an interagency training program that is jointly funded and provides front-line staff with in-service training needed to perform as a part of a collaborative team.	1	2	3	4	5
39. Our collaborative has provided support to policy leaders, which has enabled them to network with their counterparts who are working on similar issues around the state and the nation.	1	2	3	4	5
40. Our collaborative provides raining to community residents for the leadership roles they proved in collaborative efforts.	1	2	3	4	5
41. Our collaborative has made a clear to area universities and other training and educational institutions what kind of pre-service and in-service interprofessional expertise we need from these institutions, and have evaluated their capacity to provide such professionals.	1	2	3	4	5

### **Program Strategies**

	Agree			Disagree	
42. Our collaborative has designed the programs which we jointly sponsor in ways which reflect the decisions we have made on outcomes; we address the measures of success of our programs as we design them.	1	2	3	4	5
43. Our collaborative has linked programs from children and families with economic and community development strategies.	1	2	3	4	5
44. Our collaborative has addressed the problems of family stability and family income as part of our work with children and families and has designed programs that respond to these economic needs.	1	2	3	4	5
45. Our collaborative has designed the programs which we jointly sponsor in ways that balance public service providers with in equal concern for natural helping networks and supports provided by nongovernmental entities without public funding.	1	2	3	4	5

**Policy agenda development: changing the rules**

	Agree			Disagree	
	1	2	3	4	5
46. Our collaborative has prepared anticipative policy options for the likely changes in federal programs, including block grants, decategorization, reduced entitlements, and funding cuts.					
47. Our collaborative has informed our state legislative delegation of the state policy priorities which we support and the most important actions we need from the state government in support of our agenda at the local level.					
48. Our collaborative has developed a policy agenda for changes in the barriers encountered in our pilot projects.					
49. Our collaborative regularly discusses the best ways of reducing or eliminating barriers encountered in our pilot projects and operates with a presumption that our task includes identifying and reducing these barriers, rather than accepting them as a given.					

**Interorganizational coherence: links among parallel reform**

	Agree			Disagree	
	1	2	3	4	5
50. There are a number of other collaboratives and policy reforms that sometimes affect our collaborative by competing for the time, membership, and resources.					
51. Our collaborative has developed an inventory of the other collaboratives and policy initiatives in the community, and we keep these inventory current.					
52. Our collaborative has developed methods of sharing information with other collaboratives and policy initiatives in the community.					
53. Our collaborative has developed a shared agenda with other collaboratives and policy initiatives and has begun sharing resources based on the common agenda.					
54. Our collaborative has succeeded in merging or linking one or more collaboratives, rather than assuming that each new initiative requires a new collaborative or governing body.					

**Addressing the equity issues: targeting and disproportionate outcomes**

	Agree			Disagree	
	1	2	3	4	5
55. Our collaborative has discussed the coverage of new managed care and capitation initiatives as they affect the lowest income groups and individuals in the community.					
56. Our collaborative has agreed upon the ways we will disaggregate data in order to assess disproportionate impact on ethnic and linguistic minorities.					
57. Based on our analysis of disproportionate impact, our collaborative has developed policy items and program designs that attempt to improve these outcomes.					
58. Our collaborative has allowed the real issues and underlying values that affect children and family programs to be debated and has learned to handle discussion of differences in our values and other forms of conflict effectively.					

**KEEPING FIT IN COLLABORATIVE WORK:  
A SURVEY TO SELF-ASSESS COLLABORATIVE FUNCTIONING**  
[RETURN TO TOC](#)

Often, collaboratives get off to a great start with an infusion of resources, and then lose impetus as projects come and go. Successful collaboratives have the willingness and ability to assess their organizational functioning as well as progress in strategies, projects or activism.

**Guidelines for Using the Survey:**

1. **Collaborative members can complete the survey separately** and then come together to discuss results and plan action steps. Modify the assessment criteria to fit your group's needs.
2. **Once members have completed the survey, the group can determine what areas were most often marked “successfully” or “partially successful.”** These are areas in which your collaborative is well-functioning and strong. How can you maximize these strengths?
3. **Now, determine which questions were most often marked “challenging” or “very challenging.”** These are areas that require action. What will you do to improve local collaborative functioning in these areas? Who is willing to take the lead?
4. **Create a plan of action** that includes the name of someone who has agreed to take the lead and a timeline for implementation.

**Please rate the following questions in each area using the scale below:**

**I. Shared Vision**

1= Successful	2= Partially Successful	3=Challenging	4= Very Challenging	
1. Our collaborative revisits our vision periodically and revises when needed.	1	2	3	4
2. Our vision is the starting point for setting goals, developing strategies, and creating change.	1	2	3	4
3. Our vision represents input from a broad range of people in the community.	1	2	3	4
4. Collaborative members can see where their personal vision fits in the shared vision.	1	2	3	4

**II. Inclusivity & Participation**

1= Successful	2= Partially Successful	3=Challenging	4= Very Challenging	
1. Collaborative membership is open—that is, anyone can join.	1	2	3	4
2. Our collaborative members represent a wide range of people and groups (e.g., parents, faith, business, local associations, etc.)	1	2	3	4
3. Our collaborative works with a broad range of community groups (outside of the partnership itself).	1	2	3	4
4. Collaborative meetings and materials are presented in languages that are accessible to members and community residents.	1	2	3	4
5. The membership of the collaborative reflects the ethnic, racial, socioeconomic and age diversity of our community.	1	2	3	4
6. Our membership includes a balance of community members and agency representatives.	1	2	3	4
7. Members share responsibility and workload so that the work of the collaborative is accomplished.	1	2	3	4

### III. Sound Decision-Making

1= Successful	2= Partially Successful	3=Challenging	4= Very Challenging	
1. Our collaborative has an agreed upon decision-making process that is spelled out in writing and is understood by all members.	1	2	3	4
2. Collaborative members have an opportunity to participate in decision-making.	1	2	3	4
3. We are able to resolve conflict in order to reach decisions.	1	2	3	4
4. Our collaborative uses consensus as a decision-making tool.	1	2	3	4
5. Decision-making power is shared and not concentrated in the hands of a few.	1	2	3	4
6. Our collaborative collects information and data and uses it to make informed decisions.	1	2	3	4

### IV. Facilitative Leadership

1= Successful	2= Partially Successful	3=Challenging	4= Very Challenging	
1. Leadership is shared among members.	1	2	3	4
2. New members of the collaborative have the opportunity to take leadership roles.	1	2	3	4
3. The collaborative provides leadership within the broader community on health issues.	1	2	3	4
4. Ideas of all members are heard and respected.	1	2	3	4
5. We take time out to have fun and celebrate success.	1	2	3	4
6. Capacities and skills of collaborative members are recognized and used by collaborative leaders.	1	2	3	4

### V. Effective Communication

1= Successful	2= Partially Successful	3=Challenging	4= Very Challenging	
1. Information about collaborative activities and decision-making is freely shared and easily accessible—there is not a lot of “insider” information.	1	2	3	4
2. Our collaborative has a communication plan that fosters communication among members and the larger community (e.g., newsletters, meetings, community forums).	1	2	3	4
3. Information about upcoming events and activities received via email, fax or post is communicated to all collaborative members.	1	2	3	4
4. Collaborative activities are conducted in language that everyone can understand (e.g., no jargon, multilingual).	1	2	3	4
5. The results of our work are shared with the larger community.	1	2	3	4
6. Our collaborative has a visible presence and identity in the community (e.g., logo, slogan, etc.)	1	2	3	4

### VI. Sustainability

1= Successful	2= Partially Successful	3=Challenging	4= Very Challenging	
1. The collaborative periodically evaluates its efforts and identifies activities members want to sustain or drop.	1	2	3	4
2. The collaborative has built a constituency—that is community residents who are committed to sustaining school readiness efforts.	1	2	3	4
3. The collaborative has built its capacity—and that of residents—to understand how policy is made and influenced.	1	2	3	4
4. Members have formed relationships to gain support of local institutions and formal policy bodies.	1	2	3	4

5. The collaborative has implemented policy and systems change strategies.	1	2	3	4
6. Successful activities and programs initiated by the collaborative are incorporated into the ongoing work of local institutions or community groups.	1	2	3	4
7. The collaborative has a plan for sustainability.	1	2	3	4
8. The collaborative has a fund development plan to sustain both core functioning and successful strategies.	1	2	3	4



## COLLABORATIVE SELF-ASSESSMENT

### HOW ARE WE DOING?

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This survey is for you to assess experiences with your School Readiness collaborative and to find out how useful you think collaboration is. “Useful” means-does collaboration make your job easier, has collaboration made a difference in providing services to youth, and do collaborative meeting energize you to go forth and do well?

The results of this survey may help you, as a group, discuss how to improve the collaborative process and identify the strengths of your collaborative.

How is the collaborative process for you?

For each of the following, please check the box that best answers the question for you.

1. Which of these best describes how your collaborative accomplishes work?

Work is shared	Work is more or less shared	A small group does the work	One person does all the work	Work does not get done
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2. Which of these best describes your contributions to this collaborative?

I do more than my share because I want to	I do my share on time	I do my share but I may be late	I may do my share but it depends on my work schedule	I don't get involved
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3. How do you feel about collaborative meetings?

Dread going	A waste of time	Sometimes worthwhile	Feel good	A high point in my schedule
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4. Are you respected and listened to in the collaborative meetings?

Not at all	Occasionally	Some but not enough	Most times	All the time
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5. Which of the following describes your collaborative leadership?

Leadership shared and rotated	A few people equally share leadership	One leader who listens to others	Several leaders who compete	One authoritarian leader
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6. Which of the following describes your collaboratives' decision-making process?

No decisions endless discussion	Hasty decisions, not enough discussion	Sometime we avoid decisions	Eventually we decide	Decision are thoughtful, timely
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7. Even though I may not agree with every decision the collaborative team makes, our process is open, and I feel comfortable.

Everyone is part of the decision	Members are heard nearly all the time	Usually we work as a team	Sometimes we work as a team	No one knows the game plan
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8. When I leave a collaborative meeting I feel energized and excited about my work.

I am inspired	I feel better	I don't feel any different	I feel so-so	I feel hopeless
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**SELF-ASSESSMENT/SELF-IDENTIFICATION TOOL**  
**EVALUATION OF AN ORGANIZATION IN AN EXISTING PARTNERSHIP<sup>1</sup>**  
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Whether you are beginning or continuing a partnership, understanding the strengths, goals, and areas of growth within your own organization is crucial. This tool is designed to be most useful for the evaluation of a continuing partnership, while a similar tool designed for the assessment of new partnerships can be found in Section I of this toolkit. Use this tool to facilitate a dialogue among partners. Each member of the partnership should rate the statements and answer the questions below individually, then share their responses with the other members of the partnership as a group. The partners should use this sharing process as an opportunity to identify priority areas for improving the functioning of the partnership.

Statement	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Notes
Your mission, culture, and priorities encourage, support, and recognize the value of partnerships.						
You have the communication skills necessary to sustain this partnership.						
You have the cultural competence or cultural humility necessary to sustain this partnership.						
You have the ability to share power and control over decisions necessary to sustain this partnership.						
You have the group facilitation and interpersonal skills necessary to sustain this partnership.						
Your organization values working with other organizations and groups.						
You have the support of your board,						

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<sup>1</sup> Adapted from “The Partnership Toolkit: Tools for Building and Sustaining Partnerships” and “Making Community Partnerships Work: A Toolkit,” p7, 2007.

management, and staff for partnering.						
Whoever is representing your organization in this partnership is well-suited to that role.						
Your organization has devoted the resources necessary for a successful partnership (time of staff and volunteers, money, space, and equipment, etc.).						
You have a previous history working with the community.						
You have existing relationships with the community.						
You have knowledge about the community (for example, culture, norms, politics, socio-demographic characteristics).						
<b>Questions</b>						
What have the benefits of a community partnership been for your organization? How can greater benefits be reaped in the future? _____ _____ _____						
What have the benefits of the partnership been to the community? How can your partnership better benefit the community in the future? _____ _____ _____						
Other concerns or topics you would like to discuss: _____ _____ _____ _____						

## SURVEY FOR COLLABORATIVE MEMBERS<sup>1</sup>

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Please complete this questionnaire about your experience with your School Readiness collaborative. Please print your responses or use a check mark to select your answer where appropriate.

1. How long have you worked with your collaborative? \_\_\_\_ Years \_\_\_\_ Months

2. What have been the advantages of the School Readiness collaborative process?  
(Select up to 3)

- ☐ No advantages
- ☐ Focus on School Readiness
- ☐ More efficient use of resources
- ☐ We have started new joint projects
- ☐ We have found new fiscal resources
- ☐ We have generated new service links
- ☐ We have improved services
- ☐ We accomplish more by working together
- ☐ We benefit from the diverse points of view
- ☐ Better ideas
- ☐ Other \_\_\_\_\_

3. What have been the disadvantages of the School Readiness collaborative process?  
(Select up to 3)

- ☐ No disadvantages
- ☐ Too many meetings
- ☐ A few people dominate the group
- ☐ The process is too challenging
- ☐ Too much discussion, not enough action
- ☐ Need more guidelines
- ☐ Takes too much time
- ☐ Politics/ territorialism
- ☐ Duplicates other efforts
- ☐ Other \_\_\_\_\_

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<sup>1</sup> Materials developed by California Department of Health Services Community Challenge Grant Program

4. In your opinion, how true are the following for the School Readiness collaborative?  
(Select one in each row)

	Very true 1	2	3	4	Not at all true 5
a) Members are committed to School Readiness efforts					
b) The collaborative has enough resources to achieve its goals					
c) Members of the collaborative work well together					
d) The leader manages conflict well					
e) The collaborative meets the needs of member organizations					
f) Community members support the collaborative					
g) Diverse agencies participate in the collaborative					
h) The collaborative is likely to achieve its goals					
i) New members are welcome and oriented					
j) Differences within the group are recognized, confronted, and successfully resolved					
k) Members' resources and skills are used by the group					
l) The collaborative has a well articulated vision of School Readiness in our community					
m) The collaborative is well organized					
n) Communication flows well within the collaborative					
o) Members do not have enough time for the collaborative					
p) Misunderstandings between agency and community representatives are a barrier to success					
q) Ideological conflicts about School Readiness reduce the collaborative's effectiveness					
r) Decision making is shared					
s) It is hard to keep focused on critical problems					
t) Collaborative members follow through on tasks					
u) Members feel positive about participation					
v) The collaborative's membership reflects the racial/ ethnic diversity in the community					
w) Leadership is shared in the School Readiness collaborative					

**DIAGNOSING THE HEALTH OF YOUR COALITION  
ASSESSMENT INSTRUMENT<sup>1</sup>**

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Strong or Always

**5**

**4**

**3**

**2**

Weak or Never

**1**

1. The clarity of your coalition's vision, mission and goals
  - ☐ A. Your coalition's vision (your dream) and mission (what you are going to do) take into account what is happening in the community.
  - ☐ B. Your vision, mission and goals are written down.
  - ☐ C. Residents and institutions are aware of your coalition's vision, mission and goals.
  - ☐ D. Your coalition periodically re-evaluates and updates its vision, mission and goals.
  - ☐ E. Your coalition's activities are evaluated in relation to its vision, mission and goals.
2. The effectiveness of your coalition structure
  - ☐ A. Your coalition has a regular meeting cycle that members can count on.
  - ☐ B. Your coalition has active committees.
  - ☐ C. All of your members have copies of the bylaws.
  - ☐ D. Your executive board and committees communicated regularly.
  - ☐ E. Your executive board meets on a regular basis with good attendance.
3. The effectiveness of your outreach and communication
  - ☐ A. Your coalition has a newsletter or another method of communication that keeps the community updated regularly and informed about your activities.
  - ☐ B. You use a survey or other method to collect information about members' interests, needs and concerns.
  - ☐ C. You always publish survey results and use them to guide your coalition's projects.
  - ☐ D. The survey is conducted every year or so because the community and residents change.
  - ☐ E. Your coalition "goes to where members are" to do outreach, including where people live, shop and work.
4. The effectiveness of coalition meetings
  - ☐ A. Members feel free to speak at a meeting without fear of being confronted for their views.
  - ☐ B. Your coalition advertises its meeting with sufficient notice by sending out agendas and flyers in advance.
  - ☐ C. You provide childcare and language assistance when needed.
  - ☐ D. You accomplish the meeting's agenda in meetings that start and end on time.
  - ☐ E. You hold meetings in centrally accessible, comfortable places and at convenient times for all members.

***Diagnosing the Health of Your Coalition Assessment Instrument***

5. Opportunities for member responsibility and growth
  - ☐ A. Your coalition makes a conscious effort to develop new leaders.
  - ☐ B. You offer training and support to new and experienced leaders, either through your coalition or through outside agencies.
  - ☐ C. Your "buddy system" matches less experienced members with leaders to help the former learn jobs and make contacts.
  - ☐ D. You give committees serious work to do.
  - ☐ E. Leadership responsibilities are shared; for example, you rotate the chairing of a meeting between members.
6. The coalition's effectiveness at planning, implementing and evaluating projects

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<sup>1</sup> Developed by Gillian Kaye, President Community Development Consultants, Brooklyn, NY

- ☐ A. At the beginning of each new year your coalition develops a plan that includes goals and activities to accomplish during the year.
  - ☐ B. These plans are based at least in part on information collected from member surveys.
  - ☐ C. After each activity or project, the leadership or committee evaluates how it went in order to learn from the experience.
  - ☐ D. Your coalition always organizes visible projects that make a difference to members.
  - ☐ E. When you undertake projects you develop action plans that identify tasks, who will do them and by what target dates.
7. Your coalition's use of research and/or external resources
- ☐ A. Your coalition works with other coalitions in the community on common issues, and with city-wide organizations that address critical community concerns.
  - ☐ B. Your coalition utilizes the resources and information of other organizations that can help the community, such as training workshops.
  - ☐ C. Your coalition keeps abreast of issues affecting communities across the city and state.
  - ☐ D. Outside speakers come to meetings to address topics of interest to members.
  - ☐ E. When your coalition wants to work on an issue, leaders know where to go to get necessary information such as statistics, forms, and so forth.
8. Your coalition's sense of community
- ☐ A. Your coalition builds social time into meetings so that people can talk informally and build a sense of community.
  - ☐ B. You plan social activities.
  - ☐ C. Everyone in your organization is treated equally.
  - ☐ D. You recognize and reward all member contributions, large or small.
  - ☐ E. You make all residents welcome in the coalition regardless of income, race, gender, age or education level

### ***Diagnosing the Health of Your Coalition Assessment Instrument***

9. How well the coalition meets needs and provides benefits
- ☐ A. You make resource lists and important contacts available to members on a regular basis.
  - ☐ B. You hold workshops with experts who can provide specific services to members.
  - ☐ C. Your coalition helps members with issues of individual need.
  - ☐ D. If a member survey indicates that personal issues (such as child care or landlord-tenant problems) are interfering with member involvement, your coalition responds to those issues.
  - ☐ E. Your coalition holds meetings and workshops in which residents can meet elected officials and city service personnel to voice their opinions and learn about resources and programs in the community.
10. Your coalition's relationship with elected officials, institutional leaders and other power players
- ☐ A. Coalition leaders know how to negotiate successfully with elected officials and institutional leaders about member concerns.
  - ☐ B. Your coalition has one or more regular representatives who attend important community meetings.
  - ☐ C. Coalition leaders and other members understand the lines of authority, decision-making power, responsibility, and other aspects of the community power structure.
  - ☐ D. Your coalition meets with officials on a regular basis about the issues that concern members.
  - ☐ E. Your coalition participates in citywide activities and demonstrates focus on community issues.

### Coalition Assessment Score Sheet

Fill out this score sheet using the total numbers from each section of the organizational diagnosis:

Section	Total Score
1. Vision, mission and goals	_____
2. Coalition structure	_____
3. Outreach and communication	_____
4. Coalition meetings	_____
5. Member responsibility and growth	_____
6. Projects	_____
7. Research and external resources	_____
8. Sense of community	_____
9. Needs and benefits	_____
10. Relationship with power players	_____

For each section, follow the guidelines below:

If you scored between:

5-15                Watch out! You may need an overhaul in this area.

15-20             Checkup time! It's time for a tune up to get everything in good working order.

20-25             Congratulations! You're running smoothly and all systems are a go. Keep up the good work.



## CLIMATE DIAGNOSTIC TOOL: THE SIX R'S OF PARTICIPATION<sup>1</sup>

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Instructions: Please rate how well your organization/ collaboration/ initiative does the following, using the scale below. Tabulate your scores for each section. (For established groups, have each individual fill out the diagnostic, then compare your answers and attempt to come up with a group diagnostic. For new groups, prioritize the items in each section, then discuss: a) What do you currently have the capacity to do? And b) What do you need to develop the capacity to do?)

1	2	3	4	5	6
Poor	Fair	Average	Good	Excellent	N/A

### 1. Recognition

People want to be recognized for their leadership to serve the members of their communities and organizations. We all want to be recognized, initially by the members of our own groups and then by members of other groups, for our personal contribution to efforts to build a better quality of life.

**Please rate how well your organization/ collaboration does the following:**

- \_\_\_\_\_ Regularly praises members or individuals for work they have done through awards, dinners or other public events.
- \_\_\_\_\_ Regularly praises members or individuals for work they have done, even small tasks, by recognizing them in meetings and on occasions when others are present.
- \_\_\_\_\_ Contacts members or individuals after they have completed a task or contributed to an event or program and privately thanks them.
- \_\_\_\_\_ Uses a newsletter or other written communication tool to praise and recognize member or individual contributions.
- \_\_\_\_\_ **SCORE** (*for this section*)

### 2. Respect

Everyone wants respect. By joining in community activities, we seek the respect of our peers. People often find that their values, culture, or traditions are not respected in the work place or community. People seek recognition and respect for themselves and their values by joining community organizations and initiatives.

**Please rate how well your organization/ collaboration does the following:**

- \_\_\_\_\_ Thoughtfully delegates tasks, making sure that members' and individuals' skills and strengths are being used.
- \_\_\_\_\_ Provides translators or translated materials for members or individuals who do not speak English as their first language.
- \_\_\_\_\_ Includes celebrations and traditions that reflect the diversity of your membership and/ or community.
- \_\_\_\_\_ Reflects the diversity of your membership and/ or community.

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<sup>1</sup> Kaye, G. & Resnick, I. (1994). *Climate Diagnostic Tool*. Brooklyn, NY: Community Development Consultants.  
Climate Diagnostic Tool: the Six R's of Participation

- \_\_\_\_\_ Provides child care at meetings and/ or dinner at evening meetings so that people with families and children can participate equally.
- \_\_\_\_\_ Holds meetings at times other than during the 9-5 workday so that people can attend who work or go to school during those hours and cannot take time off.
- \_\_\_\_\_ Listens to and acknowledges the contribution of all members.
- \_\_\_\_\_ **SCORE** (*for this section*)

### 3. Role

We all need to feel needed. It is a cliché, but it is true. We want to belong to a group that gives us an important role, and where our unique contribution can be appreciated. Not everyone searches for the same role. But groups must find a role for everyone if they expect to maintain engagement.

**Please rate how well your organization/ collaboration does the following:**

- \_\_\_\_\_ Provides the same kinds of roles for professionals and non-professionals with the same responsibility and power.
- \_\_\_\_\_ Delegates tasks to grassroots members and individuals that involve contacts with important stakeholders and others with power.
- \_\_\_\_\_ Asks members and individuals what kind of roles they would like to play in the organization/ collaboration.
- \_\_\_\_\_ Dedicates some portion of time to working with grassroots members and individuals to develop their skills to accomplish these tasks and play these roles.
- \_\_\_\_\_ **SCORE** (*for this section*)

### 4. Relationship

Organizations are organized networks of relationships. It is often a personal invitation that convinces us to join an organization. People join organizations for personal reasons (e.g. to make new friends) and for the public reason of broadening a base of support and/ or influence. Organizations draw us into a wider context of community relationships that encourage accountability, mutual support, and responsibility.

**Please rate how well your organization/ collaboration does the following:**

- \_\_\_\_\_ Regularly provides opportunities for socializing before and after meetings?
- \_\_\_\_\_ Provides opportunities for members and individuals to formally network with each other around common interests.
- \_\_\_\_\_ Provides opportunities for grassroots members and individuals to meet with powerful stakeholders who have access to and who may or may not be part of your organization.
- \_\_\_\_\_ Provides opportunities for individuals to work together as partners on projects and tasks.
- \_\_\_\_\_ **SCORE** (*for this section*)

## 5. Reward

Organizations and coalitions attract new members and maintain old members when the rewards of membership outweigh the costs. Of course, not everyone is looking for the same kind of rewards.

**Please rate how well your organization/ collaboration does the following:**

- \_\_\_\_\_ Works to identify the public and private rewards that respond to the self-interests of members and individuals. In other words, does it try to understand what people want out of their involvement and try to meet their self-interest?
- \_\_\_\_\_ Provides the same information and access to funding opportunities to all members and individuals who are involved with the organization/ collaboration.
- \_\_\_\_\_ Provides other resources and/ or referrals to members and individuals involved with the organization/ collaboration that matter to them.
- \_\_\_\_\_ Creates opportunities for members to share information and other resources amongst themselves in special interest committees or some other way.
- \_\_\_\_\_ **SCORE** (*for this section*)

## 6. Results

Nothing works like results! An organization or initiative needs to be able to “deliver the goods”.

**Please rate how well your organization/ collaboration does the following:**

- \_\_\_\_\_ Has short-term goals and projects that show immediate results on issues that matter to grassroots members and individuals.
- \_\_\_\_\_ Has long-term goals and projects that will create meaningful change.
- \_\_\_\_\_ Welcomes members and individuals who have specific concerns that may not fit directly into your long-term agenda, but may fit indirectly and have the support of others in the community.
- \_\_\_\_\_ Uses short-term victories as a way to build your base of membership or involvement in the community.
- \_\_\_\_\_ **SCORE** (*for this section*)

## EVALUATION REPORT OUTLINE<sup>1</sup>

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The front cover should include:

- program title and location
- name(s) of evaluator(s)
- period covered by the report
- date of the report

Lay out your front cover neatly and make it look nice--the front cover is the first thing your audience sees and it makes an important impression.

### *Section I -- Summary (or Executive Summary)*

This is a brief (two to three pages) overview of the evaluation outlining major findings and recommendations. Some folks are too busy to read any further than the summary, so make sure that this is as complete and clear as possible. The summary should include:

- What was evaluated?
- Why was the evaluation done?
- What are the major findings and recommendations?

And, if space permits:

- What audience is the report aimed at?
- What decisions, if any, need to be made or have been made based on the results of the evaluation?
- Who else might find the report to be of interest or importance?

### *Section II -- Background Information about the Program*

Presumably, most of the people reading your evaluation report will at least be somewhat familiar with the program, but that's not necessarily the case. And even people who are familiar with the program may have some misconceptions, so take the time to make your goals, strategic plan, organizational structure, and other essential program elements clear. Typically, this section will include:

- Origins of the program
- Program goals
- Clients involved with the program
- Administrative/organizational structure
- Program activities and services
- Materials used and produced by the program
- Program staff

### *Section III -- Description of the Evaluation*

This part explains why an evaluation was done and what you hoped to learn from it. It should also explain anything the evaluation was not intended to do. Here are some of the questions that should be answered by this section:

- Who requested the evaluation?
- Was the evaluation meant to satisfy any particular audience and, if so, which one(s)?

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<sup>1</sup> Adapted from the Community Tool Box, University of Kansas, <http://ctb.ku.edu>  
Evaluation Report Outline

- Were there any restrictions to the evaluation in terms of money, time, or other resources?
- Was any particular kind of evaluation design used and, if so, why?
- What was the timetable for collecting data?
- For each measure, what sort of data was collected?
- What sorts of methods were used to gather data, and why were these particular methods chosen?
- How did the evaluators ensure accuracy?

#### *Section IV -- Results of the Evaluation*

This part will explain what your findings were in detail. This may include:

- All data collected --analyzed, recorded, and organized in understandable forms (charts, tables, graphs, etc.)
- Excerpts from interviews
- Testimonials from participants and clients
- Questionnaire results
- Test scores
- Anecdotal evidence

#### *Section V -- Discussion of Results*

Here is your chance to go into more detail --the why of your evaluation results. This part should answer the following questions:

- How sure are you that your program or initiative caused these results?
- Were there any other factors that could have contributed to the results?
- How are the results different from what they would have been if your program didn't exist?
- What do the evaluators feel are the strengths and weaknesses of your program?

#### *Section VI -- Costs and Benefits*

This part of the report is optional --if you choose to include it, it gives you a chance to justify your program's budget and financial choices. If you include it, here's what we suggest you include:

- Costs associated with the initiative (not only financial costs, but costs in terms of resources, energy, results, and staff/volunteer hours)
- Methods used to come up with the budget
- Benefits from the program (both financial and non-financial)

#### *Section VII -- Conclusions*

After writing all this stuff up, it may be tempting to dash off a quickie conclusion to this report --but avoid that temptation! This is a very important piece of the big pie, because this is where you make your recommendations:

- What major conclusions about the initiative can be reached as a result of this evaluation?
- Is there anything you feel should not be judged at this time, and if so, why?
- Based on the evaluation results, what recommendations can you make for the program?
- If the evaluation gives you any idea of what the future holds for the initiative, what would that be?
- What worked well about the evaluation? What didn't work so well?

What recommendations do you have for anyone doing future evaluations with the program?

## **B. Troubleshooting**

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Tools in this section support collaborators in addressing challenges that may arise.

Tools included in this section:

- TROUBLESHOOTING
- RESOLVING CONFLICT

## TROUBLESHOOTING<sup>1</sup>

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It is unrealistic to expect that a new collaborative effort will work seamlessly without difficulty. Collaboratives should expect and be prepared for challenges along the way. This means continuously assessing how things are working, both for families served and for staff of each agency.

<b>Common Barriers and Solutions for Collaboratives</b>	
Intake forms from one agency are being lost in transit...	...Clarify information-sharing procedures with all agencies; find out if a better delivery system must be used.
Families complain of the big changes and many new faces at an agency...	...Communicate any changes made to families through information sessions; invite all members of the collaborative to a social event.
An agency's staff members feel resentful of the time they now spend helping to coordinate the collaborative...	...Reassess the pros and cons of collaboration with staff members and other agencies; see if help is available from an agency that has a lighter caseload from streamlined services.
Funders worry that agencies are not working together...	...Review the collaborative's vision as developed in the earliest stages; clarify and modify it as necessary.

Such assessment should be part of any collaborative's evaluation strategy. Collaboratives then need to be ready to address identified problems and/or barriers. All suggestions received and all problems identified must be addressed by the collaborative's leadership. Once decisions are made, they must be communicated to members, staff and families and implemented as necessary.

### **Making Trouble-Shooting a Continuous Process**

- ♦ Make a suggestion box a visible part of each participating agency for staff, families, and volunteers to express their frustrations and concerns and suggest solutions.
- ♦ Solicit feedback from staff and families through formal surveys on a regular basis.
- ♦ Allow time at every agency and collaborative meeting to discuss concerns.
- ♦ Set up an executive committee or a barrier-busting team that regularly meets to review progress, address difficulties, and develop solutions.
- ♦ Make sure changes are communicated throughout the collaborative and solutions are quickly implemented.
- ♦ Identify important issues beyond the original focus of the collaborative.
- ♦ Reward staff and families for developing innovative ways to meet challenges and overcome barriers.
- ♦ Identify the collaborative's policies and practices that are barriers to success.

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<sup>1</sup> Adapted from "Building Community Collaboratives," Family Resources Coalition of America, p. 56  
Troubleshooting

## RESOLVING CONFLICT

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### Purpose

The purpose of this tool is to provide partnering agencies with an understanding of strategies and processes for resolving differences and alleviating conflict within a partnership.

While some conflict may be positive (e.g. allow for airing of views and building new understandings), conflict can be detrimental to a partnership.

Outlined below are tips for resolving conflict informally. All partnerships should have a formal process in place to resolve conflicts that cannot be dealt with on an informal basis.

This tool addresses the following issues:

1. **Types of Conflicts**
2. **How Power Affects Conflict**
3. **Tips for Resolving Conflict Informally**
4. **Formal Process for Resolving Conflict**

### 1. Types of Conflict

It is important to understand the types of conflict that exist to assist in resolving the conflict.

Types of Conflict	Sources of Conflict
Communication conflicts	Misunderstandings, assumptions, lack of information, misinformation, different languages
Structural conflicts	Poor processes, inappropriate structures or systems, time constraints
Relationship conflicts	Stereotypes, fear, distorted perceptions, unrealistic expectations, use of power, male/ female differences; personal conflicts
Interest conflicts	Differences in needs, interests and preferences
Value conflicts	Opposing beliefs, views, values or philosophies. This can stem from cultural differences of individuals or groups; cross cultural conflicts

#### Can you identify any other types of conflicts?

Understanding the possible types of conflict will help you recognize when conflict is occurring. There may be warning signs, such as missed meetings, low morale, activities being delayed or not finished, etc. Of what other warning signs are you aware?

### 2. How Does Power Affect Conflict?

- Power can be defined as the degree to which we are able to advance our own goals and influence others.
- Power is largely a matter of perception – how we perceive our own power and how our power is viewed by others.
- Power is dynamic rather than static, in that power relationships between people in conflict shifts throughout the conflict.
- Power can be used constructively to lessen conflict or destructively to increase conflict.

#### If You Recognize You Have More Power - What Can You Do?

- Select a location most comfortable to the other party to work through the conflict.
- Share resources that you have, such as information and expertise.
- Be willing to listen to the other party first – genuinely listen.
- Speak in a friendly, welcoming, and open manner.
- Do not intimidate or retaliate.



- Respond non-defensively.
- Seek a “level playing field” so that the process feels fair to both parties.
- Back off from your position and be willing to look at a variety of ways to meet the needs of both parties. Look for alternatives.
- **What else can you do?**

### **If You Believe You Have Less Power – What Can You Do?**

- Find ways to increase your power and influence. Lessen your dependence on the other party’s source of power.
- Identify your own resources and skills.
- If timing affects the balance of power, consider waiting for a time that may work better.
- Bring the power imbalance into the open and discuss it with your partner.
- Assert yourself and continue to keep your interests on the table, while continuing to listen and acknowledge the other party’s interests.
- If asserting yourself results in the other party exerting his or her power over you, shift temporarily from a focus on your own interests to a focus on the other party’s interests.
- Ask an outsider to assist, if you cannot deal with it on your own.
- **What else can you do?**

### **3. Tips for Resolving Conflict Informally**

1. All attempts should be made to resolve conflict informally.
2. Any conflict that arises should be resolved in a timely manner.
3. It is important to recognize that different individuals and groups have different ways of dealing with conflict. Some groups deal with conflict by avoiding it and removing themselves from the situation.
4. The following chart outlines ways to deal with specific types of conflict:

<b><u>Conflict type</u></b>	<b><u>Ways to resolve</u></b>
<b>Communication</b>	<ul style="list-style-type: none"> <li>- define terms</li> <li>- clarify assumptions</li> <li>- check interpretation of information</li> </ul>
<b>Structural</b>	<ul style="list-style-type: none"> <li>- design process to satisfy both parties</li> <li>- adjust timelines and deadlines</li> <li>- analyze the context of the conflict</li> </ul>
<b>Relationship</b>	<ul style="list-style-type: none"> <li>- show concern for others’ point of view</li> <li>- remain non-defensive/ non-judgmental</li> <li>- keep emotions in check</li> <li>- check power imbalance</li> </ul>
<b>Interests</b>	<ul style="list-style-type: none"> <li>- de-emphasize position</li> <li>- look for common interests</li> <li>- be ready to accommodate and compromise</li> </ul>
<b>Values</b>	<ul style="list-style-type: none"> <li>- look for common goals/ values</li> <li>- acknowledge value differences</li> <li>- show respect for differing value systems</li> </ul>

**What other ways are there to resolve conflict?**

## **Both internal and external elements work together to resolve conflict.**

The **internal elements** deal with how people think and feel about the conflict and each other.

The **external elements** are the actions, words, and non-verbal messages given to others in the process of resolving conflict.

### **Checklist of Internal Elements**

- ☐ **Awareness** – Are you aware of your own and the other party’s perceptions, feelings, values, beliefs, fears, concerns, assumptions, and expectations with regard to the conflict?
- ☐ **Readiness** – Are you prepared to resolve the conflict? Are you sensitive to the readiness of the other party? Is the timing right? Are you emotionally and psychologically ready? Are you in a frame of mind that is ready to resolve the conflict?
- ☐ **Understanding** – Have you shifted toward a better understanding of the conflict?  
This shift includes:
  - Being open and willing to acknowledge the other person’s experiences
  - Withdrawing judgment
  - Seeking new information
  - Allowing new information to influence you
  - Being able to accept differences
  - Looking for and building on similarities and common ground
- ☐ **Reflection** – Are you able to absorb all that has gone on and to step back and look at the “big picture”? The purpose of reflection is to learn from the conflict and gain skills and abilities to deal effectively when a new conflict arises.

### **Checklist of External Elements**

- ☐ **Initiating** – Have you taken an action to approach the other party for the purpose of resolving the conflict?
  - Initiating involves a certain amount of risk.
  - Be responsive to the other person’s readiness and reaction to your approach.
  - Check the style of your approach. Being assertive may cause defensiveness. This should be balanced with empathy.
- ☐ **Framing** – Have you described the conflict in a way that would promote a more collaborative climate and expand thinking?
  - Shift from stating a position (e.g., “I want” or “I do not want”) to express an issue or interest (e.g., “I would like to discuss...”)
  - Depersonalize the conflict (e.g. “you have caused a lot of problems with the way you have restructured to this restructuring process is a difficult one”).
- ☐ **Exploring** – Have you explored ways to reach a new understanding of the conflict and the other party?
  - Learn what underlies the dispute
  - Understand the nature of the conflict
  - Understand the knowledge, interests, needs, values, and beliefs of both parties
  - Work through differences without judgment or blame
- ☐ **Closure** – Have you changed the way you feel about the other party and resolved the issues in the dispute?  
**True closure occurs when both the “heart” and the “head” have let go of the conflict.**

#### **4. Formal Process for Resolving Conflict**

If informal processes have been unsuccessful in dealing with conflict, more formal processes will need to be used. All partnerships should identify formal processes for resolving conflict. This should be identified in the partnership agreement.

Formal processes should include:

1. Collect the required information to deal with the conflict.
  - a. Develop team building exercises.
2. Identify a person within the partnerships who has the skills to deal with conflict situations. If such a person is not available, identify a person outside the partnership to act as a mediator. A third party may be more objective and effective. Determine if your funder can assist.
3. Ensure the person selected is credible and approved by all parties to the conflict.
4. Document results of the mediation.
5. Communicate results to the partners to ensure there is agreement.

APPENDIX  
ILLINOIS BIRTH TO FIVE ACRONYMS & ABBREVIATIONS  
[RETURN TO TOC](#)

<a href="#">AAT-ECE</a>	Associates of Arts and Teaching – Early Childhood Education. This degree fully articulates from the 2-year colleges offering them to the 4-year institutions agreeing to accept the AAT-ECE degree.
<a href="#">ABCD (II)</a>	Assuring Better Childhood Health and Development. With funding from The Commonwealth Fund, the National Academy for State Health Policy administers the ABCD II initiative, a three-year project designed to build state capacity to deliver care that supports children’s healthy mental development.
<a href="#">AOK</a>	All Our Kids Early Childhood Networks. It is a collaborative effort between the Illinois Department of Human Services (Maternal & Infant Health Bureau and Child Care Bureau), the Illinois State Board of Education, local health departments, family members, and other local agencies serving very young children and their families. It is a community-based collaboration that is committed to developing a high-quality, well-coordinated, easily-accessible system of care that will promote positive growth and development for children 0-5 and their families.
<a href="#">APORS</a>	Adverse Pregnancy Outcomes Reporting System. This is a system to capture information about children with medical, congenital problems, etc, identified at birth. Children identified are then referred to the High Risk Infant Follow-up program through local health departments.
<a href="#">BUILD</a>	Build strong foundations for our youngest children. A project of the Early Childhood Funders' Collaborative supporting state efforts to prepare our youngest children for success in which Illinois participates.
<a href="#">CAEYC</a>	Chicago Metropolitan Association for the Education of Young Children (a.k.a. CMAEYC). CAEYC is Chicago’s local affiliate of the National Association for the Education of Young Children (NAEYC). CAEYC is the premiere professional development resource in the Midwest dedicated to pioneering and promoting new pathways to quality care and education for children from birth through eight years old.
<a href="#">CAPTA</a>	Child Abuse Prevention and Treatment Act. This act provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects related to child abuse and neglect.
<a href="#">CCP</a>	Certified Childcare Professional (Credential). Professionals exhibiting standards of excellence in child care and early childhood education are recognized by the The National Child Care Association (NCCA) through the awarding of the Certified Child Care Professional (CCP) Early Childhood Education Specialist.
<a href="#">CCDBG</a>	Child Care Development Block Grant. This program, authorized by the Child Care and Development Block Grant Act, and Section 418 of the Social Security Act, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. In Illinois, administered by the Illinois Department of Human Services.
<a href="#">CCR&amp;R</a>	Child Care Resource and Referral. This refers to agencies that provide parents with information about the child care and early education services that are available in their communities. They may provide training for early childhood professionals, recruit providers, and advocate for early childhood care and education. Generally, this is the

community source for parents to make their child care subsidy application, which can help off set the costs of their child care setting.

[CDA](#)

Child Development Associate (Credential). This is earned by an early childhood educator who has demonstrated his or her skills in working with young children by completing the credentialing process. It is administered by the Council for Early Childhood Professional Recognition.

[CDF](#)

Children's Defense Fund. CDF is the foremost national proponent of policies and programs that provide children with the resources they need to succeed. This organization champions policies that will lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education, and a moral and spiritual foundation.

[CDHS](#)

Chicago Department of Human Services

[CDPH](#)

Chicago Department of Public Health. This is the public health department serving the city of Chicago.

[CCDPH](#)

Cook County Department of Public Health. The Cook County Department of Public Health is the state certified public health agency for suburban Cook County with the exception of Chicago, Evanston, Skokie, Oak Park, and Stickney Township. These four municipalities and 1 township have separate, state certified public health departments and are operated by the local unit of government.

[CEU](#)

Continuing Education Units. This is a measure often used to measure the amount of continuing education a licensed professional has completed, most frequently used when the profession requires licensed professionals to continue their education in order to maintain their licensure.

[CFC](#)

Child & Family Connection - Privately contracted centers that provide EI services for Illinois DHS. They provide case management, referral services, assessments, and Individualized Family Service Plans

[CFSS](#)

Children and Family Support Services (direct service department at the Ounce of Prevention Fund)

[CHA](#)

Chicago Housing Authority. CHA is currently undergoing the Plan for Transformation, the largest and most ambitious redevelopment effort of public housing in the history of the United States. As part of the Plan, CHA will redevelop or rehabilitate its entire stock of public housing.

[CISS](#)

Chicago Integrated Service System. This project is located in the Chicago Department of Public Health.

[CLASP](#)

Center on Law and Social Policy. CLASP's mission is to develop and advocate for policies at the federal, state and local levels that improve the lives of low income people. In particular, CLASP seeks policies that work to strengthen families and create pathways to education and work.

[CMAEYC](#)

Chicago Metropolitan Association of the Education of Young Children (see CAEYC)

[CPS](#)

Chicago Public Schools. CPS provides Kindergarten through 12<sup>th</sup> grade public education to children in the city of Chicago.

[CSHCN](#)

Children with Special Health Care Needs. CSHCN are defined by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) as "those who have or are at increased risk for a chronic physical,

developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

[DCAC](#)

Day Care Action Council now called Illinois Action for Children. Its mission is to create a common voice and vision for advancing high quality and accessible programs that foster the development, health and well-being of all Illinois children.

[DCFS](#)

Department of Children and Family Services (Illinois State Agency). The mission of DCFS is to: protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in our care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities; and work in partnerships with communities to fulfill this mission.

[DHS](#)

Department of Human Services (Illinois State Agency). DHS’ mission is to assist our customers to achieve maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families and communities.

[DHHS](#)

U.S. Department of Health and Human Services (Federal). DHHS is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

DOPM

Directly Operated Program Managers

DOPL

Directly Operated Program Leaders

[DSCC](#)

Division of Specialized Care for Children. This state-level division is administered by the University of Illinois at Chicago and is the Illinois Title V agency that provides care coordination for families and children with special health care needs. DSCC helps children with disabilities, and those who have conditions which may lead to disabilities, grow and develop to the full extent of their abilities.

[ECBG](#)

Early Childhood Block Grant, administrated by the Illinois State Board of Education. This grant contains funding streams for Preschool For All, At Risk Pre K and Prevention Initiative, among other systemic funding.

ECC

Early Child Care

[ECE](#)

Early Childhood Education. This refers to education before a child reaches Kindergarten.

[ECFC](#)

Early Childhood Funders’ Collaborative. The ECFC is a nationwide affiliation of individuals who serve as staff at foundations or corporate giving programs that have substantial grant-making portfolios in early childhood care and education. ECFC was formed by grant-makers to provide opportunities for networking, information sharing and strategic grant-making.

[EFAB](#)

Education Funding Advisory Board (within ISBE).

EHS

Early Head Start. This is a federally funded comprehensive child development program that promotes healthy development of children 0-2 years. This program provides continuous, intensive child development and family support services on a year-round basis.

[EI](#)

Early Intervention. This is used in reference to general type of intervention, or to the State Program, EI, that delivers services to children from birth to three ranging from developmental screening to intervention services

[ELC](#)

Illinois Early Learning Council. The Council is building on recent and ongoing early

childhood planning efforts and initiatives as well as lessons learned and input from parents and local communities. Key recommendations and priorities already identified through initiatives related to families with children under five provide a foundation for the important work of the Council.

[ELI](#)

Early Learning Illinois. ELI is a statewide campaign to make the improvement and expansion of early learning services for all children, starting at birth, a top priority for Illinois policymakers

[EPSDT](#)

Early and Periodic Screening, Diagnostic, and Treatment services. These are services offered to children under the age of 21 enrolled in Medicaid.

[Even Start](#)

This program offers grants to support local family literacy projects that integrate early childhood education, adult literacy (adult basic and secondary-level education and instruction for English language learners), parenting education, and interactive parent and child literacy activities for low-income families, targeting children up to age 7.

[FCC Networks](#)

Family Child Care Networks. These networks are made up of organizations in the community that offer a comprehensive array of services to child care providers and help increase the number of child care slots for families in the community.

[FCM](#)

Family Case Management. This is a statewide program through the Illinois Department of Human Services run through local health departments that helps income eligible clients with a pregnant woman, infant, or young child to obtain the health care services and other assistance they may need to have a healthy pregnancy and to promote the child's healthy development.

[FQHCs](#)

Federally Qualified Health Centers. These are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay.

[Gateways](#)

Gateways to Opportunity. Gateways is an Illinois-wide professional development network for individuals and programs who serve children, youth, and families.

[Gateways Scholarships](#)

Scholarships accessed through Gateways to Opportunity. These scholarships provide funding for early childhood practitioners earning degrees or credentials.

[Great START](#)

START stands for Strategy to Attract and Retain Teachers. This is a wage supplement program that seeks to improve early childhood services by encouraging professionals to further their education in the field. It supplements income based on the education level achieved and staying in an early childhood job.

[HF](#)

Healthy Families. This is a home visiting program based on Healthy Families America, a program of Prevent Child Abuse America.

[HFI](#)

Healthy Families Illinois. This is a network of home visiting programs in IL including Healthy Families and Parents Too Soon programs

[HFS](#)

Healthcare and Family Services (formerly Illinois Department of Public Aid). This agency administers IL Medicaid, Medicare, TANF, food stamps, and child support, among other services.

[HIPAA](#)

The Health Insurance Portability and Accountability Act was passed by Congress in 1996. The primary goal of the law was to make it easier for people to keep health insurance from one job to another, and help the industry control administrative costs.

<a href="#"><u>HS</u></a>	Head Start. This program provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families.
<a href="#"><u>HV</u></a>	Home Visiting. This is a voluntary in-home “parent coaching” program that starts in pregnancy and continues through the first three years of a child’s life.
<a href="#"><u>IAECTE</u></a>	Illinois Association of Early Childhood Teacher Educators. Illinois affiliate of the National Association of Early Childhood Teacher Educators.
<a href="#"><u>IAEYC</u></a>	Illinois Association for the Education of Young Children. Illinois’ largest early childhood professional organization.
<a href="#"><u>IAI</u></a>	Illinois Articulation Initiative. This is a state initiative to address the problem of higher education institutions accepting credit from one another as students attempt to earn their bachelors after earning an associate degree
<a href="#"><u>IBHE</u></a>	Illinois Board of Higher Education. The IBHE is responsible for planning and coordinating the state’s system of higher education.
<a href="#"><u>IBTI</u></a>	Illinois Birth to Three Institute.
<a href="#"><u>IECAM</u></a>	Illinois Early Childhood Asset Map. This is an interactive, Web-based tool that brings together data on early care and education from state agencies.
<a href="#"><u>ICCB</u></a>	Illinois Community College Board. The ICCB is the state coordinating board for community colleges and administers the Public Community College Act.
<a href="#"><u>ICMHP</u></a>	Illinois Children’s Mental Health Partnership. The Partnership is committed to improving the scope, quality and access of mental health programs, services and supports for Illinois children and believes that a comprehensive, coordinated approach to healthy social and emotional development, prevention, early intervention and treatment will help Illinois children and their families live healthier, happier lives with a better chance for a brighter future.
<a href="#"><u>IDC</u></a>	Illinois Director Credential. The IDC is a voluntary credential that validates the education, knowledge, and experience of early care and education administrators.
<a href="#"><u>I.D.E.A.</u></a>	Individuals with Disabilities in Education Act (Federal Act). This Act governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.
<a href="#"><u>IDHS</u></a>	Illinois Department of Human Services. IDHS’s mission is to assist our customers to achieve maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families and communities.
<a href="#"><u>IDPA</u></a>	Illinois Department of Public Aid. This is the Medicaid and Medicare agency whose name changed to Illinois Department of Healthcare and Family Services in 2005.
<a href="#"><u>IDPH</u></a>	Illinois Department of Public Health. The mission of the IDPH is to promote the health of the people of Illinois through the prevention and control of disease and injury.
<a href="#"><u>IEP</u></a>	Individualized Education Plan. This is used in reference to the process that schools, teachers, and parents create for a child, three years of age and older, who has been found eligible for special education, part of Part B of IDEA.
<a href="#"><u>IFSP</u></a>	Individual Family Service Plan. This is used in reference to the service plan that the providers and parents create when a child, from birth to three years of age, has been found eligible for early intervention services, guidelines are in Part C of IDEA.



<a href="#"><u>IHSA</u></a>	Illinois Head Start Association. The IHSA is committed to enhancing the development of children, empowering families and strengthening communities. The IHSA advocates on issues affecting children and families, provides professional development opportunities for all members, and is the statewide leader in developing partnerships and empowering members to be community leaders.
<a href="#"><u>ILAIMH</u></a>	Illinois Association for Infant Mental Health. ILAIMH is an association of professionals whose aim is to improve the mental health of infants, toddlers and their families through exchanging information, encouraging research and stimulating program and service development.
IMAP	Group centered on encouraging IDHS' Child Care department to offer training for child care centers on developmental screening
<a href="#"><u>IMCHC</u></a>	Illinois Maternal and Child Health Coalition. IMCHC is dedicated to promoting and improving their health and well being through advocacy, education, community empowerment and policy development.
IMH	Infant Mental Health. This is a growing field of study which focuses on the social and emotional development during an infant's first three years of life.
<a href="#"><u>INCCRRA</u></a>	Illinois Network of Child Care Resource and Referral Agencies. INCCRRA is a statewide organization which, in partnership with its 16 partner Child Care Resources and Referral (CCR&R) agencies, is a recognized leader, catalyst and resource for making high quality, affordable early care and education options available for children and families in Illinois.
<a href="#"><u>ISBE</u></a>	Illinois State Board of Education. ISBE provides leadership, assistance, resources and advocacy so that every student is prepared to succeed in careers and postsecondary education, and ISBE shares accountability for accomplishing this with districts and schools.
<a href="#"><u>ITC</u></a>	Infant Toddler Credential. The ITC is administered in Illinois as part of the Gateways to Opportunity Early Childhood Credential and career lattice.
<a href="#"><u>IVPA</u></a>	Illinois Violence Prevention Authority (State Agency). The IVPA has five main goals: the IVPA has defined five main goals: develop and implement a statewide plan for violence prevention; fund local and statewide anti-violence programs; coordinate existing violence prevention initiatives and encourage collaborative projects; evaluate and provide technical assistance for violence prevention programming; and conduct public education and awareness efforts about violence and its prevention.
<a href="#"><u>LHD</u></a>	Local Health Department. In Illinois, residents can find their local health department, or the health department in their county, by visiting the IDPH website and selecting their county.
<a href="#"><u>LIC</u></a>	Local Interagency Councils. These are mandated by the EI system. Local service providers, parents, advocates, and CFC representatives meet. The councils provide a forum for questions and concerns. Their formal purpose is to participate in child-find, increase public awareness, do community assessments, and identify service gaps. Many communities abbreviate as such: DICEI, which is DuPage Interagency Council on Early Intervention.
<a href="#"><u>MCHB</u></a>	US Department of Health and Human Services, Maternal and Child Health Bureau. The Bureau provides leadership to both the public and private sector to build the infrastructure for the delivery of health care services to all mothers and children in the nation, especially low income and isolated populations.
<a href="#"><u>NAEYC</u></a>	National Association for the Education of Young Children. NAEYC is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age eight.

<a href="#"><u>NASHP</u></a>	National Academy of State Health Policy. NASHP is an independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. NASHP provides a forum for constructive, nonpartisan work across branches and agencies of state government on critical health issues facing states.
<a href="#"><u>NCSL</u></a>	National Conference of State Legislatures. NCSL provides research, technical assistance and opportunities for policymakers to exchange ideas on the most pressing state issues.
<a href="#"><u>NGA</u></a>	National Governors Association. The NGA is the bipartisan organization of the nation's governors, which promotes visionary state leadership, shares best practices and speaks with a unified voice on national policy.
<a href="#"><u>NHSA</u></a>	National Head Start Association. The National Head Start Association is a private not-for-profit membership organization dedicated exclusively to meeting the needs of Head Start children and their families.
<a href="#"><u>NTI</u></a>	National Training Institute. NTI is part of the national organization Zero to Three and is their annual conference/training opportunity.
<a href="#"><u>OPF</u></a>	Ounce of Prevention Fund. OPF provides direct services for at-risk children from birth to age five and for their families, trains early childhood professionals across the state who work with infants and toddlers, conducts research on what works and continuously incorporate that knowledge into programs, and advocates for sound public policies and sustained funding streams with bipartisan support so that more young children have access to experiences that enhance their early development.
<a href="#"><u>OSEP</u></a>	Office of Special Education Programs. This federal department is funded and defined by IDEA which oversees implementation of special education and early intervention using federal funding.
<a href="#"><u>Part C</u></a>	It is the section of the Individuals with Disabilities in Education Act (IDEA) that pertains to infants and toddlers. The federal government provides funding to assist States in developing and implementing a system of early intervention services for infants and toddlers. Since children under age 3 are not in a school system to be identified for screening and services, Child & Family Connection Centers are responsible for public awareness campaigns. Children can be found developmentally delayed along five categories: physical, social/emotional, communication, cognitive, and adaptive/self-help or they can have a medical diagnosis, such as autism or Downs syndrome. If children are found to be delayed then they are referred to services that are determined by their individualized family service plan.
<a href="#"><u>PAT</u></a>	Parents As Teachers. This is a birth to five home visiting program model.
<a href="#"><u>PCCM</u></a>	Primary Care Case Management. PCCM is a managed fee-for-service arrangement, utilizing a network of primary care physicians and health care providers to serve as the “medical home” for Medicaid patients.
<a href="#"><u>PDAC</u></a>	Professional Development Advisory Committee is a group of highly qualified practitioners, educators, and advocates from around the state of Illinois. PDAC’s overall strategy is to improve the stability of the early care and education workforce through increased professional development and improved opportunities for career advancement.
<a href="#"><u>PFA</u></a>	Preschool for All. This program is administered as part of the Early Childhood Block Grant through ISBE
<a href="#"><u>PRISM</u></a>	Program Review Instrument for Systems Monitoring. PRISM is used in monitoring HS and

EHS programs.

[PTS](#)

Parents Too Soon. OPF receives funding to delegate and supervise services for teens that are expecting and have become parents. OPF also provides extensive statewide training as part of running PTS.

RFP

Request for Proposal. This is a request for suppliers or providers to submit a proposal regarding their ability to provide a specific commodity or service. Selection among submitted RFPs is generally a competitive process.

RSP

Request for Service Proposal

[RWJF](#)

Robert Wood Johnson Foundation. RWJF's effort focuses on improving both the *health* of everyone in America and their health *care*—how it's delivered, how it's paid for, and how well it does for patients and their families.

SEC

Social Emotional Consultant. Used in IDEA Part C to observe the behavior of young children to assess their social and emotional development.

TA

Technical Assistance.

[TANF](#)

Temporary Assistance to Needy Families. With the 1996 welfare reform act PRWORA, TANF replaced the existing AFDC (Aid to Families with Dependent Children) assistance program.

[TPS](#)

Teen Parent Services. This is a program administered by IDHS originally for teen parents receiving TANF benefits (not to be confused with PTS).

[US DHHS](#)

United States Department of Health and Human Services. US DHHS, or HHS, is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

[WIC](#)

Women, Infant, & Children. This is a federally-funded program for low-income women with children up to age 5 that provides nutrition services

APPENDIX  
QUICK REFERENCE GUIDE  
[RETURN TO TOC](#)

INVENTORY OF GOVERNMENT FUNDED PROGRAMS & INITIATIVES IN ILLINOIS FOR  
EXPECTING FAMILIES AND YOUNG CHILDREN

**Programs & Services**

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
1	All Kids and FamilyCare	Illinois Department of Public Aid, Phone: (800) 226-0768 (866) 4OURKIDS (866) 468-7543 TTY: (877) 204-1012	To provide health insurance to uninsured pregnant women, children and parents in Illinois	<u>Sites:</u> Statewide  <u>Number:</u> Over 1.3 million children are covered by All Kids (FY07)
2	Child Care (IDHS)	Illinois Department of Human Services, Bureau of Child Care and Development Phone: (217) 785-2559	The Illinois Department of Children and Family Services provides a variety of child care services and/or subsidies to children within the DCFS system.	<u>Sites:</u> Child Care Resource & Referral (CCR&R) sites statewide, contracted sites, and individual purchase of child care services through vouchers  Approximately 9,700 licensed child care centers and homes statewide (FY08)  <u>Number:</u> Approximately 172,852 children served monthly (birth to age 12) by multiple individuals and community based organizations (FY08)  Estimated 49,841 children ages 0-3 served monthly (does not include core services program) (FY08)
3	Child Care (DCFS)	Illinois Department of Children and Family Services, Office of Child Development Phone: (312) 793-8607 (Cook) (309) 693-5400(Central) (630) 801-3400 (Northern) (618) 583-2100 (Southern)	To provide child care for children served by DCFS or at risk of abuse/neglect through site administered day care centers and individual purchase of child care services through vouchers	<u>Sites:</u> 1 site-administered child care program which sub-contracts with 71 child care agencies throughout the city of Chicago for child care services through vouchers (FY07)  <u>Number:</u> Approximately 1,800 children, primarily through vouchers (FY07)
4	Early Childhood Education Block Grant	Illinois State Board of Education, Division of Early Childhood Phone: (217) 524-4835	To prevent later academic failure by providing quality programs for children 0-5 and their families and strengthen the role of parents as the child's primary educator	Preschool for All/PreKindergarten: <ul style="list-style-type: none"> <li>Approximately 86,000 children, including Chicago (FY07)</li> <li>622 PFA/PreK At-risk programs (FY07)</li> </ul> Birth to Three Set-aside: <ul style="list-style-type: none"> <li>115 Birth to three programs (FY07)</li> <li>16,352 children served (FY07)</li> </ul> Parental Training: <ul style="list-style-type: none"> <li>204 Parental Training programs (FY07)</li> <li>29,066 children served (FY07)</li> </ul>

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
5	Early Childhood Special Education (Part B)	Illinois State Board of Education, Division of Early Childhood Phone: (217) 524-4835	To ensure that children with disabilities receive a free and appropriate public education	<u>Sites:</u> Available in all school districts  <u>Number:</u> 37,137 children (FY07)
6	Early Head Start (EHS)	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Programs Phone: (312) 353-4237	To enhance the physical, cognitive, social and emotional growth of infants and toddlers; to support parents' efforts to fulfill their parental roles; and to help parents move toward self sufficiency	<u>Sites:</u> 24 community based organizations serving 34 counties and 33 community areas in Chicago (FFY08)  <u>Number:</u> 2,699 families (FFY08)
7	Early Intervention (EI)	Illinois Department of Human Services, Bureau of Early Intervention Phone: (217) 782-1981	To enhance the growth and development of children from birth to three years of age with disabilities and/or developmental delays or who are at risk for developmental delays	<u>Sites:</u> <ul style="list-style-type: none"> <li>• 25 CFCs statewide</li> <li>• Actual services provided by individual specialists and programs statewide</li> </ul> <u>Number:</u> 21,000 families (FY08) Approximately 4,500 providers (FY08)
8	Family Case Management	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 524-3319	To assist pregnant women and women with infants and children in finding an ongoing source of medical care and related services	<u>Sites:</u> Approximately 113 sites in local health departments and community based organizations in Chicago (FY07)  <u>Number:</u> <ul style="list-style-type: none"> <li>• 345,769 children and families (FY07)</li> </ul>
9	Genetics/ Newborn Screening Program	Illinois Department of Public Health, Office of Health Promotion Phone: (217) 785-8101	To facilitate early diagnosis of metabolic/genetic disorders and help prevent premature death, excessive morbidity, mental retardation, and other developmental disabilities	<u>Sites:</u> Statewide at places of birth (e.g. hospitals, health care facilities)  <u>Number:</u> <ul style="list-style-type: none"> <li>• Approximately 185,000 samples from babies born in Illinois were screened (FY07)</li> <li>• Over 12,000 infants received follow-up services (FY07)</li> <li>• 9,400 families received clinical genetic services (FY07)</li> <li>• 4,000 clients received services through local public health departments (FY07)</li> </ul>
10	Head Start	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Programs Phone: (312) 353-4237	To support the continuum of children's growth and development, which includes the physical, social, emotional, and cognitive development of each child; to build collaborative relationships among families, staff, health professionals, and the community to ensure all child health and developmental concerns and family needs are met	<u>Sites:</u> 36 Head Start grantees in Illinois (FY08)  <u>Number:</u> 36,398 families enrolled in Head Start statewide (FY08)

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
11	Healthy Families (HF)	Illinois Department of Human Services, Office of Family Health Phone: (217) 785-0462	To promote healthy child development and reduce child abuse and neglect among at-risk families	<u>Sites</u> : 49 HFI agencies (FY07)  <u>Number</u> : 4,972 families (FY07)
12	Healthy Start	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 782-9923	To provide case management services to high risk women and women who have post-partum depression to reduce infant mortality and improve perinatal outcomes	<u>Sites</u> : 4 Family Health Centers in Chicago (FY08)  <u>Number</u> : 571 high-risk pregnant and 373 interconceptional women served (FY08)
13	High Risk Infant Follow-up	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 524-3319	To ensure the healthy development of infants born with a high-risk medical condition	<u>Sites</u> : 116 agencies -- primarily local health departments (FY08)
14	Illinois Immunization Program	Illinois Department of Public Health Phone: (217) 785-1455	To prevent the spread of vaccine preventable childhood diseases by providing and encouraging child immunizations	<u>Sites</u> : Approximately 3,000 providers including 95 local health departments
15	Illinois Lead Program	Illinois Department of Public Health, Office of Health Promotion, Division of Environmental Health Phone: (217) 782-3517 (800) 545-2200	To assess children at risk for lead poisoning on an annual basis and provide referrals as needed	<u>Sites</u> : 88 local health departments statewide (FY06)  <u>Number</u> : 278,078 children screened for lead poisoning (FY06)
16	Illinois Subsequent Pregnancy Project	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462	To provide home visiting and substantive training to first time teen mothers to delay a second pregnancy, educate teens on the proper contraception use, and remain in and complete high school	<u>Sites</u> : 7 community based organizations (FY08)  <u>Number</u> : 431 families (FY07)
17	Newborn Hearing Screening Program	Illinois Department of Human Services Bureau of Community Health Nursing Phone: (217) 782-5946  Illinois Department of Public Health, Division of Health Assessment and Screening Phone: (217) 782-4733  Division of Specialized Care for Children (DSCC) at University of Illinois – Chicago Phone: (217) 793-2350	To lessen the impact of congenital hearing loss through early identification and intervention by providing universal hearing screening of all newborns	<u>Sites</u> : Approximately 130 birthing hospitals statewide (FY07)  <u>Number</u> : Approximately 173,765 newborns screened (FY07)

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
18	Parents Care and Share of Illinois	Children's Home and Aid Society of Illinois Phone: (847) 991-1030	To prevent child abuse by strengthening families and empowering parents through a network of mutual support groups	<u>Number:</u> 1,300 parents/caregivers (FY08) 900 children (FY08) 60 parent support groups and 44 companion children's groups (March 31, 2008)
19	Parents Too Soon	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462  Ounce of Prevention Fund Phone: (312) 922-3863	To assist teen parents to build healthy parent-child relationships, raise healthy children, delay subsequent pregnancy, and prepare for future self-sufficiency	<u>Sites:</u> 22 community based organizations serving pregnant and parenting teens and their children (FY07)  <u>Number:</u> 2,131 families served (FY07)
20	Perinatal Health Care System	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 785-5900	To prevent injury, serious impairment or death of seriously ill newborns	<u>Sites:</u> 132 hospitals perform deliveries (FY04)  <u>Number:</u> 25,000 high risk pregnant women (FY04)
21	Responsible Parenting Program	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462	To delay subsequent pregnancies of teen parents and increase parenting proficiency through parent education and skills training	<u>Sites:</u> 2 community based organizations (FY07)  <u>Number:</u> 258 families (FY07)
22	Safe from the Start  ** Also listed as a Systems Development Initiative	Illinois Violence Prevention Authority Phone: (312) 814-2796	To develop, implement, and evaluate comprehensive and coordinated community-based models to identify, assess and respond to children ages 0-5 who have been exposed to violence	<u>Sites:</u> 10 sites housed by community based organizations in Peoria County, Madison County, Northwest Cook County (Hoffman Estates Schaumburg, Hanover Park, and Streamwood), Macon County, McLean county, Rock Island County and South Suburban Cook County, and Cook County (Englewood and Pullman)
23	Targeted Intensive Prenatal Case Management	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (312) 793-8234	To provide case management services to high risk pregnant women	<u>Sites:</u> 14 agencies (FY07)  <u>Number:</u> 4,208 pregnant women (FY07)
24	Teen Parent Services (TPS)	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462	To help low income parents under age 21 to become self-sufficient by completing school or its equivalent, postponing a subsequent birth, and for the teen to be connected to medical and social services	<u>Sites:</u> Available statewide through: <ul style="list-style-type: none"> <li>• 88 local health departments, community based organizations and community colleges</li> <li>• 2 DHS staffed offices</li> </ul> <u>Number:</u> 9,974 families (FY08)
25	WIC (Special Supplemental Nutrition Program for Women, Infants and Children)	Illinois Department of Human Services, Bureau of Family Nutrition Phone: (217) 782-2166	To reduce the incidence of infant mortality, low birth weight and nutrition-related problems to ensure the proper growth and development of children to age 5	<u>Sites:</u> 220 sites (primarily local health departments or community based organizations) statewide, including 73 sites, stations and Neighborhood Health Centers in Chicago <u>Number:</u> 289,000 women, infants, and children (FY08)

## Systems Development Initiatives

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
1	All Our Kids: Early Childhood Network	Illinois Department of Human Services, Division of Community Health and Prevention Phone: (217) 793-8807	To develop a high-quality, well-coordinated, easily accessible system of care at the local level that will promote positive development of families with young children	<u>Sites:</u> 11 local health departments and one Regional Office of Education (FY06)  The sites include: City of Chicago (North and South Lawndale, East and West Garfield Park), Cook County (Town of Cicero), Adams, Edwards, Kane, Macon, McLean, Rock Island, St. Clair, Stephenson, Tazewell, Vermillion, Wabash and Will counties
2	Child Care Resource and Referral (CCR&R)	Illinois Department of Human Services, Bureau of Child Care and Development Phone: (217) 785-2559  Illinois Network of Child Care Resource and Referral Agencies Phone: (309) 829-5327 or (800) 649-1884	To provide parents with child care referrals, deliver training and assistance to providers, develop new child care resources where needed, and support community capacity building	<u>Sites:</u> 16 contracted agencies statewide, with community partner sites in Cook County (FY08)
3	Healthy Child Care Illinois	Illinois Department of Human Services, Division of Community Health and Prevention, Bureau of Maternal and Infant Mental Health Phone: (217) 782-9923	To improve the health status and well-being of children in child care by enhancing coordination and collaboration between health care providers and the child care system	<u>Sites:</u> 26 IDHS Child Care Nurse Consultants in 16 service delivery areas (FY07)
4	IDHS Automated Office Locator for WIC and Early Intervention Programs	Illinois Department of Human Services Office of Compliance, Access & Workplace Safety Phone: (800) 323-GROW (helpline) or (217) 557-3776	To provide referrals for children and families to programs and services	<u>Sites:</u> All phone calls received by Illinois Department of Human Services in Springfield from entire state
5	Local Interagency Councils (LICs)	Illinois Department of Human Services, Bureau of Early Intervention Phone: (217) 782-1981	To identify children 0-3 in need of Early Intervention services, identify and improve Early Intervention services within the community, and make services more accessible to families	<u>Sites:</u> 44 LICs
6	Safe from the Start  ** Also listed under Programs & Services	Illinois Violence Prevention Authority Phone: (312) 814-2796	To develop, implement, and evaluate comprehensive and coordinated community-based models to identify, assess and respond to children ages 0-5 who have been exposed to violence	<u>Sites:</u> 10 sites housed by community based organizations in Peoria County, Madison County, Northwest Cook County (Hoffman Estates Schaumburg, Hanover Park, and Streamwood), Macon County, McLean county, Rock Island County and South Suburban Cook County, and Cook County (Englewood and Pullman)



APPENDIX  
DATA GUIDE: ADDITIONAL COMMUNITY ASSESSMENT INDICATORS TO CONSIDER<sup>1</sup>  
[RETURN TO TOC](#)

	Resource	Accessible via internet?	What level * (city, county, state)
<b>A – Community Profile</b>			
Total Population	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a> , IL: IECAM ( <a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> )	Yes	ACS: State, County, City, Congressional District IECAM: County, Zip, Municipalities, House, Senate, ISBE, IDHS, Townships
0-5 Population	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a> , IL: IECAM ( <a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> )	Yes	ACS: State, County, City, Congressional District IECAM: County, Zip, Municipalities, House, Senate, ISBE, IDHS, Townships
Race and Ethnicity	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	ACS: State, County, City, Congressional District
Languages Spoken at Home	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	ACS: State, County, City, Congressional District
Number of households speaking Spanish or other language at home that are linguistically isolated	IL: IECAM ( <a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> )	Yes	IECAM: County, Zip, Municipalities, House, Senate, ISBE, IDHS, Townships
Percent of population 5 years and over that speak a language other than English at home	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, City, Congressional District
Of those that speak a language other than English at home, what percent speak English less than very well	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, City, Congressional

<sup>1</sup> (Adapted from the AOK EC networks)

			District
Percent of population 5 years and over that speak Spanish at home	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, City, Congressional District
Of those that speak Spanish at home, what percent speak English less than very well	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, City, Congressional District
Family Types (average household size & family households with children under 18)	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, District
Housing Types (with home values)	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a> has information on home ownership	Yes	American Community Survey (ACS): State, County, Congressional District
Educational Attainment (Graduation Rates)	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, Congressional District
Female Headed Households	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, Congressional District
Grandparents as Caregivers	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	American Community Survey (ACS): State, County, Congressional District
Employment (Unemployment) Rate	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	National, State, County, Congressional District
Local Employers and/or Industries	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a> (Industries)	Yes	State, County, Congressional District
Poverty Level (for Families and Children under 5)	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a> , IL: IECAM ( <a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> )	Yes	ACS: State, County, Congressional District IECAM: County, Zip, Municipalities,

			House, Senate, ISBE, IDHS, Townships
Median Family Income	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a>	Yes	State, County, District
Medicaid Enrollment/All Kids (previously called KidCare) (IL-specific)	<a href="http://www.voices4kids.org/library/searchabledatabase.html">http://www.voices4kids.org/library/searchabledatabase.html</a> (Kids Count data - County-level for Medicaid & KidCare up to 2005, Chicago community-level for Medicaid ONLY – 2003 data)	Yes	County (for KidCare & Medicaid & Chicago Communities (for Medicaid only)
Number of Children Receiving Free/Reduced Lunch	Check with local school district	No	Check with local school district
<b>B – Maternal and Child Health Indicators</b>			
Live Births	<a href="http://www.idph.state.il.us">www.idph.state.il.us</a>	Yes	County
Low Birth Weight	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Very Low Birth Weight	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
First Trimester Care	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Medical Risk Factors at Birth			
Teen Births	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Single Mothers	<a href="http://www.census.gov">American Community Survey (ACS) www.census.gov</a> (Female-Headed Households)		State, County, District
Tobacco/Alcohol Usage During Pregnancy	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Full Term Delivery	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Cesarean Rate	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Infant Mortality Rate	<a href="http://app.idph.state.il.us/IPLAN">http://app.idph.state.il.us/IPLAN</a>	Yes	County, Community
Lead Poisoning Rate	IL: Department of Public Health, Health Statistics <a href="http://www.idph.state.il.us">www.idph.state.il.us</a>	Yes	State, County
Immunization Rates (for 2 year olds)	IL: CDC National Immunization Survey <a href="http://www.cdc.gov/nis/">http://www.cdc.gov/nis/</a>	Yes	State
All Kids Insurance Utilization Rates	<a href="http://www.voices4kids.org/library/searchabledatabase.html">http://www.voices4kids.org/library/searchabledatabase.html</a> (All Kids & Medicaid by county)	Yes	County
WIC Enrollment and Insurance Types	Contact your local WIC office	No	
Breastfeeding Initiation Rates	IL: Department of Public Health, Health Statistics <a href="http://www.idph.state.il.us">www.idph.state.il.us</a> Illinois Pregnancy Risk Assessment Monitoring System (PRAMS)	Yes	State
Breastfeeding 6 Month Duration Rates	IL: Department of Public Health, Health Statistics <a href="http://www.idph.state.il.us">www.idph.state.il.us</a> Illinois Pregnancy Risk Assessment	Yes	State

	Monitoring System (PRAMS)		
Child Abuse and Neglect Rates	<a href="http://app.idph.state.il.us/(IPLAN)">&amp; www.state.il.us/dcf/child/index.shtml</a> (Illinois Department of Children and Family Services)	Yes	County, Community
Percentage of Local 0-5 Children in Foster Care	<a href="http://www.voices4kids.org/library/searchabledatabase.html">http://www.voices4kids.org/library/searchabledatabase.html</a> (IL: Kids Count - data for all substitute care which includes children in a foster family home, group home, or institution, up to 2006 by County and age range not specified). IL: contact Department of Children and Family Services (DCFS) – contact list: <a href="http://www.state.il.us/dcf/contactUs.shtml">http://www.state.il.us/dcf/contactUs.shtml</a>	Yes	Kids Count - County
Percentage of Children with Special Health Care Needs	<a href="http://mchb.hrsa.gov/cshcn05/SD/illinois.htm">http://mchb.hrsa.gov/cshcn05/SD/illinois.htm</a> HRSA – Children with Special Healthcare Needs U.S. Department of Health & Human Services: Health Resources and Services Administration (HRSA), The National Survey of Children with Special Health Care Needs	Yes	State
<b>C – Child Development</b>			
Developmental Screenings	Contact your local health department	No	
Mental Health Screenings	Contact your local health department	No	
EI active cases (number of cases with an IFSP by age group)	<a href="http://datacenter.kidscount.org">http://datacenter.kidscount.org</a> (Kids Count Data Center, Data Source ISBE, furnished by Voices for Illinois Children)	Yes	State, County, City of Chicago
Number of Available Licensed and Licensed-Exempt Child Care Slots (Include 0-3 and 3-5 Capacity Data)	<a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> (IECAM)	Yes	Townships, Municipalities, Zip Codes, House Districts, and Senate Districts
Number of Early Care and Education Programs Accredited through NAEYC or NAFCC	<a href="http://www.naeyc.org/">http://www.naeyc.org/</a> (Accredited Program Search) <a href="http://nafcc.org/include/default.asp">http://nafcc.org/include/default.asp</a> (Accredited Program Search)	Yes	NAEYC: State, City, Zip Code NAFCC: State, County, Zip Code, Area Code, and Accreditation Expiration Date
Number of Available Early Head Start and Head Start Slots	<a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> (IECAM)	Yes	Townships, Municipalities, Zip Codes, House Districts, and Senate Districts

Number of Available Pre K Slots	<a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> (IECAM) (Numbers for Pre K & Preschool for All are combined)	Yes	Townships, Municipalities, Zip Codes, House Districts, and Senate Districts
Number of Available Preschool for All Slots	<a href="http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp">http://iecam.crc.uiuc.edu/cgi-bin/iecam/search.asp</a> (IECAM) (Numbers for Pre K & Preschool for All are combined)	Yes	Townships, Municipalities, Zip Codes, House Districts, and Senate Districts
<b>D – Governmental Educational Entities</b>			
Number of Institutes of Higher Education	<a href="http://www.ibhe.org/InstitutionProfiles/Institutions.aspx">http://www.ibhe.org/InstitutionProfiles/Institutions.aspx</a> (Can search by city)	Yes	State, City
Number of School Districts	<a href="http://www.illinois.gov/learning/school_districts.cfm">http://www.illinois.gov/learning/school_districts.cfm</a> (list of IL school districts)	Yes	State
Number of ISBE 0-3 Block Grant Programs	<a href="http://www.isbe.net/earlychi/html/directories.htm">http://www.isbe.net/earlychi/html/directories.htm</a> (ISBE, Early Childhood Education, Prevention Initiative 0-3 Contact List)	Yes	County, Location (suburb, town)

\* Data at the levels listed may not be available in all areas.

**FEEDBACK FORM**  
**WAS THIS TOOLKIT USEFUL? HOW CAN WE IMPROVE IT?**<sup>1</sup>  
[RETURN TO TOC](#)

Your experiences will help us improve this toolkit. Please have all members of your collaboration complete this questionnaire and return it to us.

**Agency/Organization Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contact Name (optional):** \_\_\_\_\_

**1. How did you receive this toolkit?**

- ☐ Mailed to your organization
- ☐ Internet  
(which website? \_\_\_\_\_)
- ☐ Other: \_\_\_\_\_

**2. Which tool or tools did you use?**

- ☐ Self-Assessment/Self-Identification Tool: Pre-Partnership Organizational Assessment (I.A.1)
- ☐ Identifying Members for your Collaboration (I.A.2)
- ☐ Team Skills Profile: Areas of Expertise and Spheres of Influence (I.A.3)
- ☐ Prioritizing Potential Partners Based on Partnership Goals (I.A.4)
- ☐ A Resource Balance Sheet for Commitment (I.B.1)
- ☐ Sample Commitment Form (I.B.2)
- ☐ Setting Ground Rules (I.C.1)
- ☐ Developing a Plan for Building Leadership (I.C.2)
- ☐ Types of Partnerships: Continuum of Coordination (I.D.1)
- ☐ Establishing or Reviewing a Decision-Making Process (I.D.2)
- ☐ Bylaws of Positive Parenting DuPage (I.D.3)
- ☐ Bylaws of DuPage Health Coalition (I.D.4)
- ☐ Bylaws of the Collaboration for Early Childhood Care and Education (I.D.5)
- ☐ DuPage Child Abuse Prevention Coalition: Operating Procedures (I.D.6)
- ☐ Information to Be Shared by All Collaborative Members: Organizations (II.A.1)
- ☐ Information to Be Shared by All Collaborative Members: Individuals (II.A.2)
- ☐ Team Building Activity – The Balloon Game (II.A.3)
- ☐ Collaborative Newsletter (II.B.1)
- ☐ Spreading the word: 40+ ways to reach people (II.B.2)
- ☐ Is a Community Assessment Needed? (II.C.1)
- ☐ Community Assessment and Reassessment of Early Childhood Needs and Resources (II.C.2)
- ☐ Programming Inventory (II.C.3)
- ☐ Community Description Worksheet (II.C.4)
- ☐ Building Blocks Online Community Assessment Tool (II.C.5)
- ☐ Conducting Focus Groups (II.C.6)
- ☐ Conducting Public Forums and Listening Sessions (II.C.7)
- ☐ AOK Networks (II.C.8)
- ☐ Writing Outcome Measures (II.D.1)
- ☐ Action Plan Worksheet (II.D.2)
- ☐ Sample Memorandum of Understanding (MOU) from Neighborhood Networks RTAP (III.A.1.a)
- ☐ WeGo Together for Kids Memorandum of Agreement (MOA): Example MOA (III.A.1.b.)
- ☐ Positive Parenting DuPage (PPD) and DuPage County Department of Community Services: Example MOU (III.A.1.c.)
- ☐ PPD and DuPage County Health Department: Example MOU (III.A.1.d.)

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<sup>1</sup> Adapted from “The Partnership Toolkit: Tools for Building and Sustaining Partnerships”

- ☐ PPD and Central DuPage Hospital: Example MOU (III.A.1.e.)
- ☐ Referral Brainstorming Worksheet (III.A.2.a.)
- ☐ Referral Form for Families (III.A.3.a.)
- ☐ Early Childhood Community Screening Tool (III.A.3.b.)
- ☐ Sample Partnership Referral Form: AOK Networks (III.A.3.c.)
- ☐ Sample Screening Tool: Teen Parent Connection (III.A.3.d.)
- ☐ Sample Screening Form: Healthy Families Florida (III.A.3.e.)
- ☐ Sample Screening Form: Healthy Families DuPage (III.A.3.f.)
- ☐ Sample Screening Tool: District 68 Pre-School for All Program (III.A.3.g.)
- ☐ A Collaborative Budget (III.B.1)
- ☐ Internal Audit Sheet (III.B.2)
- ☐ Example of a Joint Funding Agreement (III.B.3)
- ☐ What Donors Want From You (III.B.4)
- ☐ Logic Model Worksheet (IV.A.1)
- ☐ Performing a SWOT Analysis (IV.A.2)
- ☐ Partnerships and Collaboratives: Diagnostic Tool for Evaluating Group Functioning (IV.A.3)
- ☐ Purposeful Partnerships in the Community Interest (IV.A.4)
- ☐ Local Collaborative Assessment of Capacity (IV.A.5)
- ☐ Keeping Fit in Collaborative Work: A Survey to Self-Assess Collaborative Functioning (IV.A.6)
- ☐ Collaborative Self-Assessment (IV.A.7)
- ☐ Self-Assessment/Self-Identification Tool: Evaluation of an Organization in an Existing Partnership (IV.A.8)
- ☐ Survey for Collaborative Members (IV.A.9)
- ☐ Diagnosing the Health of Your Coalition Assessment Instrument (with score sheet) (IV.A.10)
- ☐ Climate Diagnostic Tool: The Six R's of Participation (IV.A.11)
- ☐ Evaluation Report Outline (IV.A.12)
- ☐ Troubleshooting Tool (IV.B.1)
- ☐ Resolving Conflict (IV.B.2)

**3. How useful was the tool? (Please offer an opinion for each tool you used.)**

Tool	1 - Not Very Useful	2	3 - Useful	4	5 - Very Useful	NOTES

**4. Was the tool easy to understand? (Please offer an opinion for each tool you used.)**

Tool	Yes	No	NOTES


5. Do you have any suggestions for improving the tools you used? (Please offer an opinion for each tool you used. If you have adapted a tool, please attach it to your completed feedback form.)

Tool	Suggestions?

6. Do you have any suggestions for improving the toolkit as a whole?

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7. Do you have any other comments on the toolkit?

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Thank you for your comments and suggestions. Please send this form to:

**The Ounce of Prevention Fund  
ATTN: Olivia Roanhorse  
33 W. Monroe Street, Suite 2400  
Chicago, IL 60603**



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